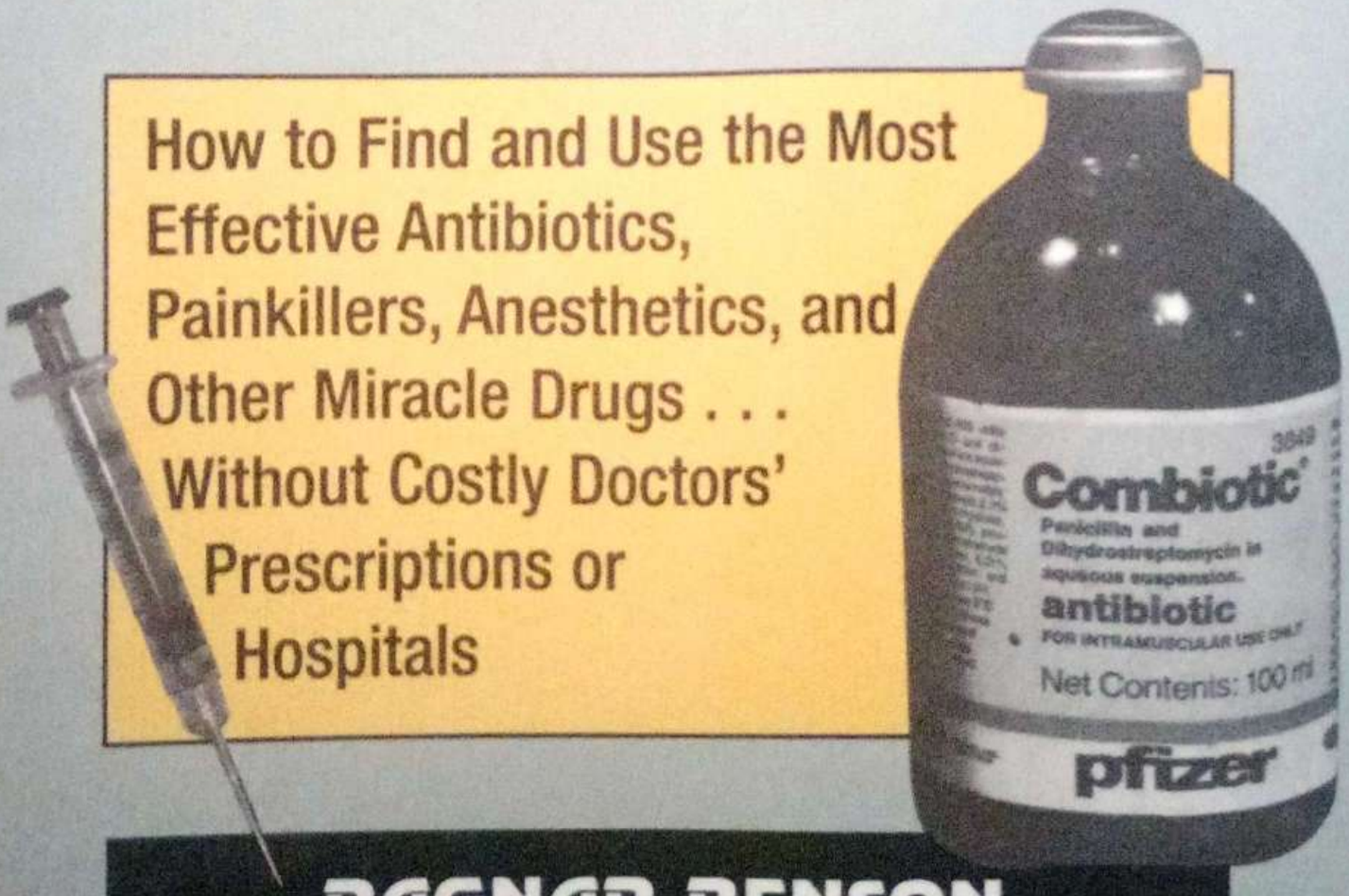
DO-IT YOURSELF MEDICINE

How to Find and Use the Most Effective Antibiotics, Painkillers, Anesthetics, and Other Miracle Drugs . . . Without Costly Doctors' Prescriptions or Hospitals



RAGNAR BENSON

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by Ragnar Benson

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WARNING

The information in this book is intended for emergency use only. It should be consulted only when a physician or conventional medical treatment is unavailable. Neither the author nor publisher assumes any responsibility for the use or misuse of the information contained herein.

PREFACE

Over the years, I have become fairly adept at handling irate readers who wish to back me into a corner because of my survivalist, do-it-yourself, self-reliant, hunter-gatherer philosophy of life. Yet, the medical doctor, who had moved into a nearby small mountain community from San Francisco, made an excellent point when he railed at me about how obsolete *Survivalist's Medicine Chest* had become.

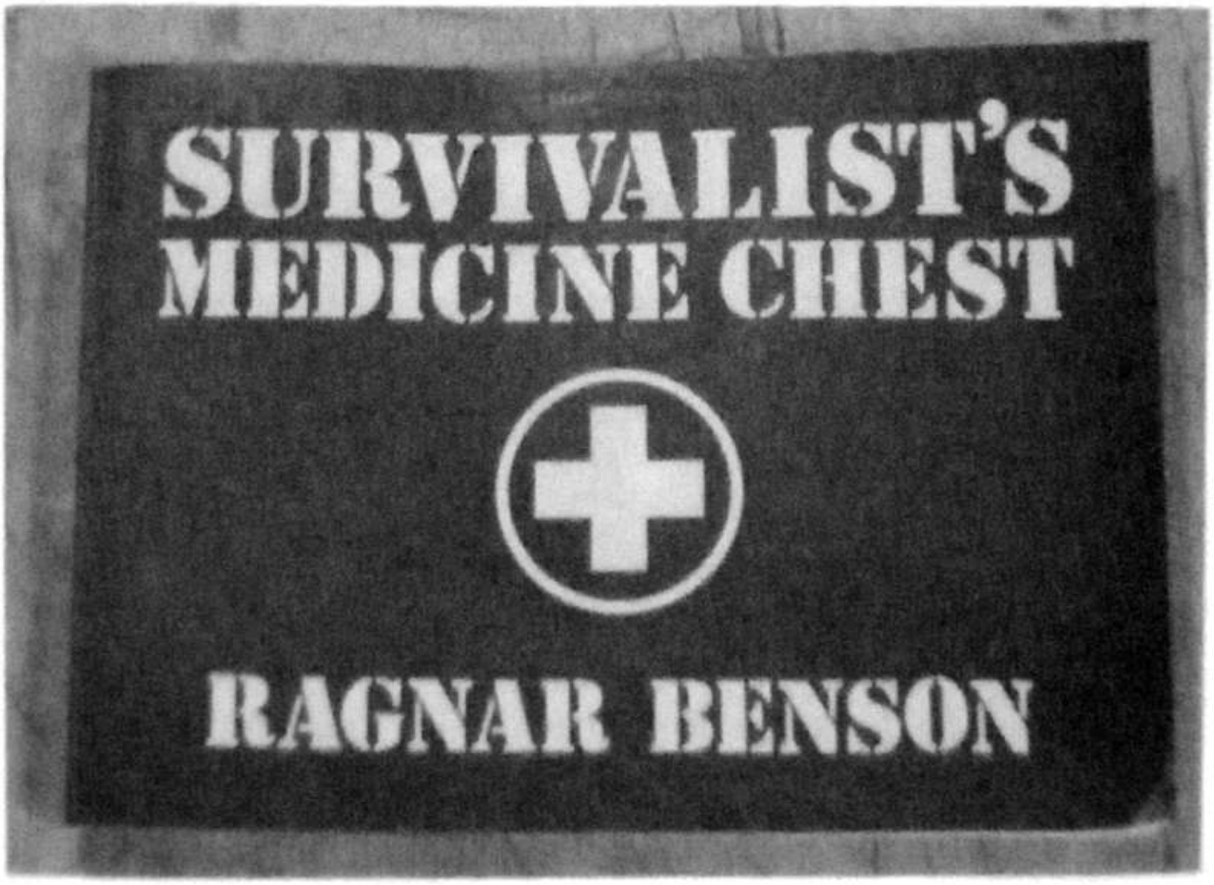
The good doctor was correct in pointing out that veterinary medical supplies are vastly different today than they were 14 years ago when I first wrote about using them on humans. Faithful readers may recall that this was the first, last, and only book specifically detailing how medicines labeled for horses and pigs could be advantageously used on humans in an emergency.

As one friendly veterinarian recently told me, "Fantastically more sophisticated medications and preparations are on the market today. Some you recommend have been withdrawn, and

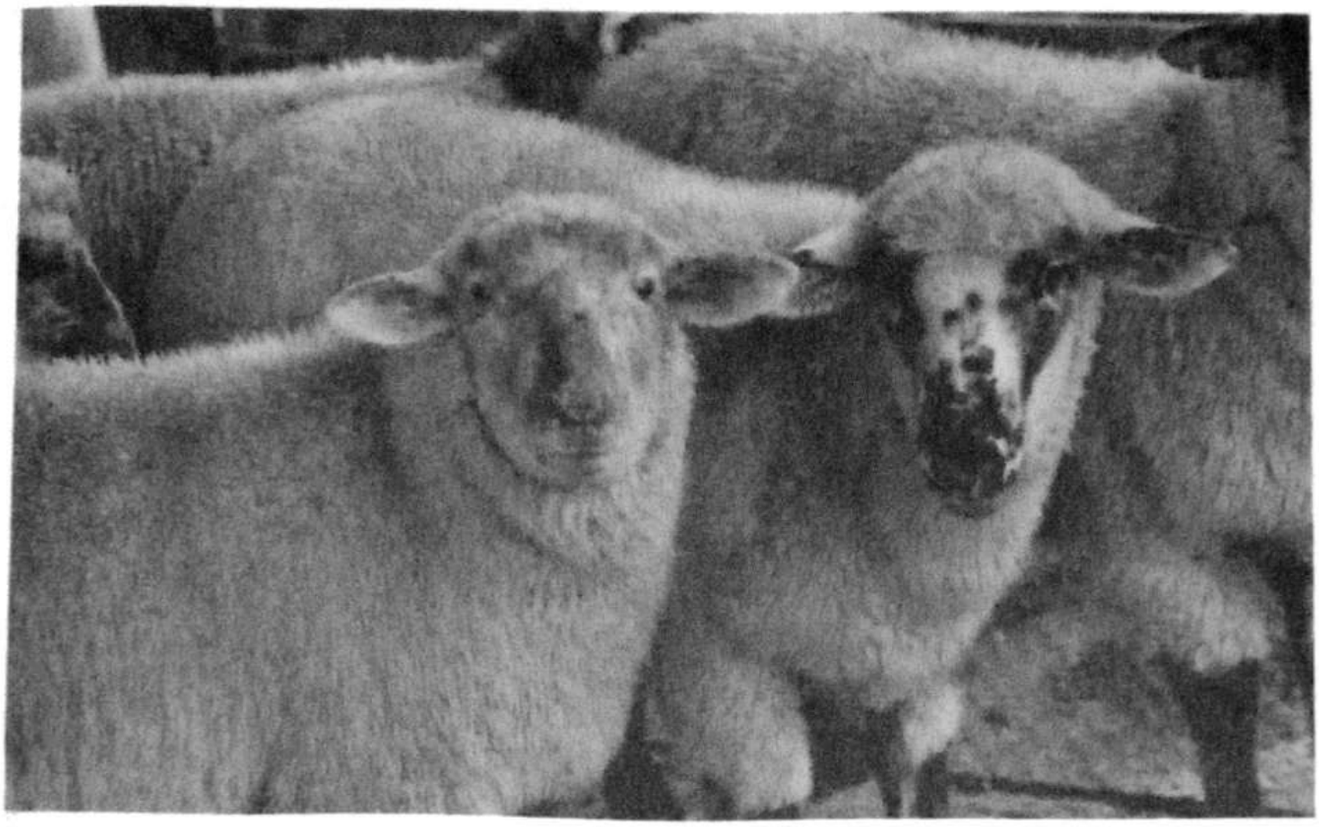
others may no longer be available to average users. As a result of your first book, North American veterinarians and medical doctors seem to have closed ranks in an attempt to prevent anyone from circumventing their monopoly on medical supplies," he continued.

To emphasize his point, the vet cited my recommendation for using reusable animal syringes to administer medications intravenously to people. "Your instructions regarding even finding one of those old dinosaurs for sale, much less actually using it, are incurably old-fashioned," he pointed out.

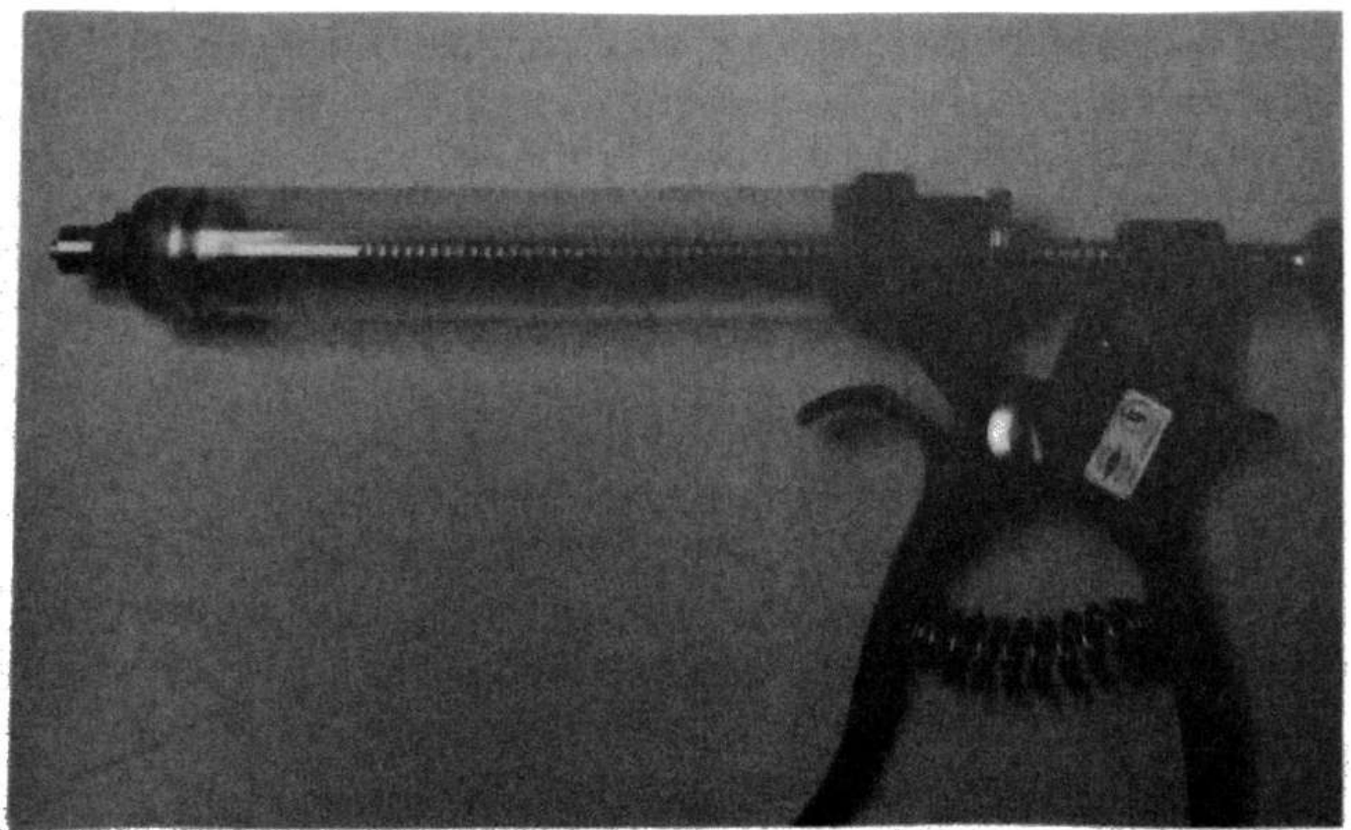
When I grew up on the farm reusable syringes were standard. No one ever imagined that we would ever get to the point where people would voluntarily dispose of so valuable an item as a syringe. Not that I held syringes in any special regard. For farm boys like me, the debate over issuing syringes to drug addicts always seemed a bit phony. Those who needed them



Survivalist's Medicine Chest ***sensitized the nation to the use of veterinary medical supplies for humans in survival or paramilitary scenarios.***



Since the publication of Survivalist's Medicine Chest, *additional restrictions have been enacted to limit the over-the-counter sale of some veterinary medications.*



Reusable glass syringes are seldom used now, even by veterinarians.

must be pretty dumb, I concluded, when they could easily go to their local vet supply store to purchase all they wanted—or had money for.

Now reusable syringes and many animal pharmaceuticals are no longer even available to livestock farmers, principally because the authorities fear they will be used on humans.

We do see and hear more frequent warnings regarding use of veterinarian medical supplies on humans, in spite of the fact that these pharmaceuticals come off the same production line as human drugs and, in all cases, are identical to human drugs. In most cases I have used these drugs personally, and in all cases I have used them on others in emergencies.

But it isn't just about veterinary medical supplies. The entire philosophy of survival and self-reliance has shifted dramatically. Fifteen years ago we (the so-called survivalists) failed to identify the real enemy. We feared nuclear devastation, followed by occupation by a hostile outside force and national chaos. Those who wished to survive, we reasoned, must make appropriate plans based on those assumptions.

Today we know that these assumptions were in large measure wrong. The United States and the Soviet Union could have bombed each other, but it would have been all over in a matter of seconds. A society that couldn't produce shoes for its people or televisions that didn't burst into flames couldn't have pinpointed our missile bases nor perhaps even given a coherent signal to fire.

Instead, it's as Pogo the Possum remarked to Albert the Alligator in Walt Kelly's timeless 1970 *Pogo* comic strip, "We have met the enemy and he is us." Current events dramatically demonstrate the truth of this remark. Self-reliant people foolishly assumed that the enemy was external, when in fact it has proved to be our own government (supposedly ourselves).

My 1982 book made the assumption that an external enemy would storm our shores or that internal chaos could destroy access to medical supplies. I was only half right. I did not include the truth that many citizens simply wish to disappear from the care of the national bureaucracy, taking full respons

bility for their own lives. Saving money and being prepared by learning to use veterinary medical supplies is, in these cases, only a side issue.

Who in his right mind, many folks ask, can look out at our postal, political, social, or tax systems and validly conclude that government could ever deliver compassionate, thoughtful, effective, cost-efficient medical services to its citizens? Robert Higgs has made it his life's work to analyze, investigate, and write about our U.S. Food and Drug Administration (FDA). His book, *Hazard to Our Health,* documents the truth that Americans are universally deprived of excellent, proven medications used effectively in many other places in the world. Higgs says the FDA has created a huge paperwork monster, forcing drug companies that wish to sell in the United States to spend more than $300 million for each drug they receive permission to sell. In another study, he demonstrates that about 1,600 Americans die from heart failure each year as a result of the FDA's refusal to approve modern pacemaker devices!

Higgs is convinced that the FDA is deliberately and evilly withholding desperately needed drugs from Americans. "It is one of the intentionally most destructive agencies ever created," he writes.

Since *Survivalist's Medicine Chest* was first published, much of the power of this federal agency has grown like a mushroom. What can the self-reliant person do to resist these federal monsters? Just don't show up. Don't use their goods and services and stay as transparent as possible to bureaucratic meddlers.

Cost- and medically effective techniques are available to those who wish to take responsibility for their own decisions. Some of the various methods of securing drugs and treatments were pioneered and developed by terminally ill patients who decided that trying virtually anything offering a glimmer of hope was better than just giving up.

To this end, I have endeavored to pull as many different experts together as possible, to produce a vastly expanded version of *Survivalist's Medicine Chest*, covering not only the use of veterinary medical supplies and equipment on humans but

adding reference material, medical philosophy, alternative supply sources, and paramilitary medicine and treatment.

As always, if you have anything to add to the storehouse of information on survival medicine, or if you have questions or comments, contact me through Paladin Press at P.O. Box 1307, Boulder, Colorado 80306.

To your health.

Ragnar Benson
March 1997

INTRODUCTION

Tita (The Kid) de Villa moved from his family home in the nasty Mabini district of Manila, the Philippines, to Los Angeles in 1984. His plan was to escape the anarchy and oppression of the Marcos dynasty under which the less fortunate Filipinos were forced to live.

I first met The Kid down on the Island of Mindanao near the city of General Santos after our agricultural project had been hit by the New People's Army. Three farmers were killed for absolutely no reason at all.

San Miguel (the beer company) sent The Kid down to organize a "national guard" type of defense among growers working on our fresh produce project. (Average citizens often do not realize the measures that may have to be taken to place fresh corn, beans, and potatoes on their tables.) We quickly organized an armed defense of our fields, seed, machinery, and workers' houses.

Because of our original camaraderie, born out of great

adversity and danger, The Kid and I kept in fairly close touch after he landed in "the land of the free and the home of the brave." One day, he called me in a fit of rage.

"You know, Ragnar," he shouted, "the United States is not a free country. Nothing is more personal than medical care, and U.S. medicine people have a government-granted monopoly just like under Marcos in the Philippines. Only the select, privileged few are allowed to buy and sell."

The Kid's four-year-old daughter had developed a skin condition that required a fairly specialized medication. People from the Philippines, unaccustomed to drier U.S. conditions, seem especially subject to this type of skin disorder. My comrade in arms was horrified to learn that he had to take his daughter to a doctor for what was probably a cursory and inconclusive examination to be told what he already knew before he could purchase the needed medications.

"American doctors won't have a clue what they're dealing with," Tita continued. "All they are going to say is, 'Gosh, I don't know what it is—what do you think?' She needs a drug called clotrimazole, which is common in the Philippines."

"Are you sure it's even legal here?" I asked. "Better be sure before spending $65 for a doctor's consultation. Lots of drugs you take for granted are prohibited in the United States. Even if you get the piece of paper [a prescription] you probably won't be able to purchase the stuff," I lectured.

The Kid allowed that I had an excellent point. Because he had been raised poor and tough in the Philippines, I knew that he would not have been put off by my suggesting that he use veterinarian-grade pharmaceuticals. In fact, we both had used them in rural Mindanao when nothing else was available or affordable. But cows and pigs don't usually develop dermatitis. When they do, a more heavy-handed medical approach is used, or they are simply sent to slaughter.

Several other issues were in sight. Physiologically and psychologically, should Mr. de Villa have even been that concerned about his daughter's skin condition? Perhaps after de Villa spent $65 plus for medications, the problem would have corrected

itself in the normal course of events as his daughter became acclimatized to her new surroundings. Medical problems generally fall somewhat neatly into various categories. Some are not worth treating unless one has an unlimited budget and is deeply into heroics. Other situations are easy to prevent or treat.

An additional point is the duty a man has to himself and his family to take responsibility for finding out about his daughter's condition, including prevention, cure, medication, and prognosis. Vast quantities of excellent information are readily available.

Certainly we live in a complex age, but never has it been easier to cut through the vast array of information even though one might superficially argue that our times are impossibly complex. But weren't times just as complex for the mother of four little ones during the Dark Ages in Europe? What relief could she expect when the plague was reported in the next village and unconfirmable rumors circulated that the neighboring

The sale of many miracle drugs, such as Rosoxacin (a two-pill, one-shot cure for gonorrhea), is prohibited in the United States by the FDA even though it is widely available in other parts of the world.

king's minions were about to attack? What about the 14-year-old female living in Rome whose brothers, father, and uncles were all out fighting Hannibal? On hearing rumors that a decisive battle was about to be fought, her anxiety level had to equal that of any modern American teenage girl, knowing that if the battle went badly for her family and nation, she would end up as someone's concubine somewhere in North Africa.

Those people had no reliable sources of information or even news. In the case of virtually all life-threatening maladies they faced, such as plague, dysentery, or tuberculosis, there was no reliable explanation as to why they were killers or what to do to avoid them.

Today, even if we can't find out how to cure a disease, we can usually at least discover what's causing it.

As with all aspects of life, we are clearly responsible for what we do and the consequences thereof. This is true even if we refuse to accept this responsibility. Allowing someone else—including government officials, law enforcement agents, social workers, doctors, pharmacists, psychologists, or even preachers—to make decisions for us is not an option. By making a decision to not make decisions, you are allowing some lesser person, who does not have your own interests uppermost, to make the decisions for you.

This philosophy can be especially true in the field of medicine. The information contained in this book is not to be taken lightly. If used improperly it could cause death or illness. Medical people out to protect their own monopolies will continually remind you of this truth. Their admonitions must be taken with a grain of salt, however, since medical people generally take it as a given that they are wiser and smarter than the lowly peons on which they practice. They take it as a basic truth that we simply cannot understand the unfathomable mysteries of medical care even though our motivation and vested interests are higher than those of the care-giving professionals.

It has always been my contention that I am not writing for average Americans; those interested in circumventing the medical monopoly display a great deal more motivation. It is also

ous that a relatively narrow range of medical conditions can be treated effectively, and outside of this narrow range, you might prolong your life somewhat. Treatment may make the citizen more productive and comfortable, but the end results are still going to be similar. It's as I told the health-food nut who condemned me for enjoying my red wine and thick, rare steaks. I may be shortening my life a bit, but nothing I do will increase the enjoyable years in the middle.

Keep in mind that using veterinary-grade pharmaceuticals and finding alternate sources of supply for controlled medications can be safe and easy. Yet the burden of responsibility still rests firmly on you, the user, not on some physician. And it is you, not the doctor, who will pay the price if he erroneously diagnoses or treats. If nothing else, use this information as reference material to monitor care given by your health specialist.

If you don't take the time to find out what you are doing and attempt to use these powerful medications and techniques discussed in this book, *you will kill someone*. It's that simple. Freedom implies great responsibility.

1 A MEDICAL PHILOSOHY

It isn't one of the basic three requirements of life with which all survivalists are familiar—food, shelter, and water—but having a well-defined medical philosophy is vital for all medical practitioners, both amateur and professional. If this were not true, the practitioners could not function, and some claim they would soon be as sick as their patients. There is just too much heartache and trauma as well as good old-fashioned mystery involved with this business of healing, they say.

Skilled do-it-yourselfers must have a medical philosophy on which to fall back. And this is not the sometimes trite homily about "doing your patient no harm" or—in a survival context—assigning the best-trained medical person available, even if that person is a veterinarian or a dental hygienist. It is much deeper than that.

Basically, three levels of medical problems exist:

Category 1: conditions brought on by age or heredity over which we have little or no control and for which there are no cures or effective treatments.
Category 2: conditions directly caused by personal behavior, which are avoidable.
Category 3: conditions that are not age-related or hereditary and are not the result of one's behavior, but they are often the result of accidents or environmental conditions and are often treatable by skilled amateurs.

Of course, there is a lot of room for disagreement about where various conditions belong. For example, some people might place heart disease in category 1 as an inherited trait, whereas others would consider it the result of life-style and thus avoidable. Accidents can also be ambiguous. For example, Officer John Smith, formerly of the Clearwater County Sheriff's Department, reports that one of the three (on average) rattlesnake bites reported annually statewide is self-inflicted. It seems as though somebody catches a rattler in the wild and brings it home. The new owner starts drinking Jack Daniels, and after a bit begins to play the game, who is faster, snake or drunk. Now, I may be mistaken, but this sounds like a category 2 medical situation, where consenting, knowledgeable adults purposely engage in foolish, risky behavior.

Let's examine each category in more detail.

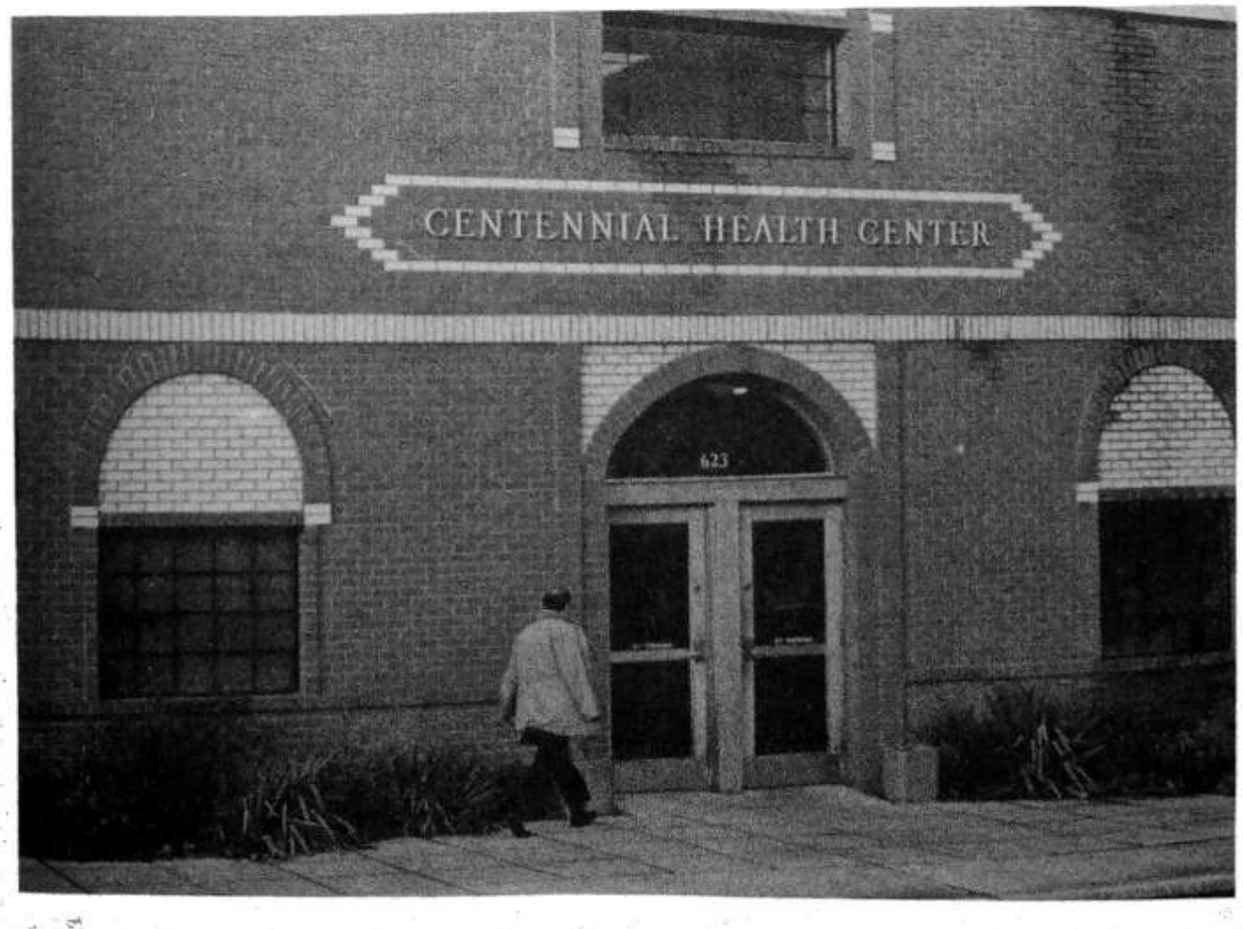
CATEGORY 1

Some age-related or hereditary medical problems have no cure or effective treatments. For these, there is often little that can be done except to make the patients more comfortable or reduce their workload. Although some chronic conditions can't be fixed, they can be treated with proper medications or procedures (such as insulin for type one diabetes or oxygen for emphysema).

Other conditions can compensated for with glasses, hearing aids, false teeth, dialysis, or even transplants. The tough part of

this category is deciding when compensatory action is appropriate. Obviously, using eye glasses is appropriate for correctable vision problems, but one may question a liver transplant for a marginal candidate when the procedure costs $100,000 and may add only three miserable years to the end of a person's life.

Contrary to popular claims, there is little we can actually do to cure or even mitigate the ravages of various cancers, heart disease, Alzheimer's, common colds, sore muscles, flu, and other such diseases. Most medical doctors report that their day is often filled with grumpy patients for whom no medical treatment other than time, rest, and adequate nutrition are appropriate. In a society with free medical care (social medicine), the system is quickly clogged with these sorts of patients. They don't feel good, and medical care is free, so they want someone to "cure" them. Personal medical practitioners must coldheartedly (if you will) spot these types of cases, prescribing time as the best healer.



Even medical clinics and hospitals often cannot successfully diagnose or treat certain ailments.

CATEGORY 2

A passenger seated next to me on a flight recently berated me for enjoying a rare piece of charcoal-blackened beefsteak. It was none of her business, but I listened politely. "You will take five years off your life if you continue to eat that way," she warned.

"Even if what you say is true," I responded, "any additions to my days will come at the miserable end and not in the pleasurable middle. What you are telling me is a religious conviction, not based on credible evidence. No scientific correlation exists between eating salty, red, juicy beef with a blackened exterior and age-related maladies."

She concluded that I was destined to either contract heart disease or Alzheimer's as a result of my "pernicious" eating habits. I was of a contrary opinion. She also implied that she was a member of a government organization that intended to force me to eat right, a fact that worried me more than anything else she had to say.

This is not to imply that many human actions are not openly foolish in a medical context. Failure to get available inoculations, keep food and water supplies safe, maintain some standards of sanitation, wear a seat belt, wear ear protection while shooting or blasting, practice safe sex, or abstain from using drugs (particularly if that entails sharing needles) all fall into this category of diseases that can be prevented.

Many people have a tendency to go overboard in a mystical sense in this category and blame the victim for everything that befalls him. Certainly too much abstinence, as I explained to the lady on the plane, can lead to an extremely dull life. In many cases the most dire medical consequences (not taking your vitamin E, for instance) are such that one can validly conclude: "I can live with that. If necessary, I will treat it and go on in an informed fashion to enjoy life." Moderate use of alcohol and tobacco definitely falls into this category.

A female acquaintance of mine won't travel outside the United States because, statistically, 50 percent of Americans who travel in foreign countries pick up traveler's diarrhea.

Another friend won't ride motorcycles or airplanes. These are not tenable positions for a lot of people in this day and age. Again, the challenge lies in not taking foolish risks while, at the same time, still enjoying life.

Fortunately, in spite of herculean efforts on the part of the FDA, we are still somewhat free in this country. Our government would, of course, prefer nannying us or passing laws to prohibit us from eating too much cholesterol or smoking, but it can't force us to take vitamins, eat less fat, or munch twigs and berries for breakfast.

The entire point here is that there are many dumb things we can do that create inordinate medical risks. By eliminating these activities or engaging in them in a reasoned, careful manner, we minimize the amount of medical treatment we will require. As the old saw suggests, prevention is the best cure.

Life is full of choices. We must make reasonable decisions that limit our exposure to risk while preserving the life-style we wish to pursue. Determining acceptable risk is always a personal choice.

CATEGORY 3

Some medical conditions are not the result of our own foolishness, heredity, or age. They just occur and can often be treated successfully, even by well-informed amateurs. Some of these, such as childbirth and gunshot wounds suffered in paramilitary exercises or a hunting accident, are ambiguous as to the category they should fall into.

Well-informed, skilled amateurs can set simple and even compound fractures for healthy adults. They can sew up wounds provided the victims aren't overly fussy about how the finished product looks. They can treat infections, venereal disease, pneumonia, malaria, skin rash, eye diseases, and burns and even do tooth extractions in an emergency.

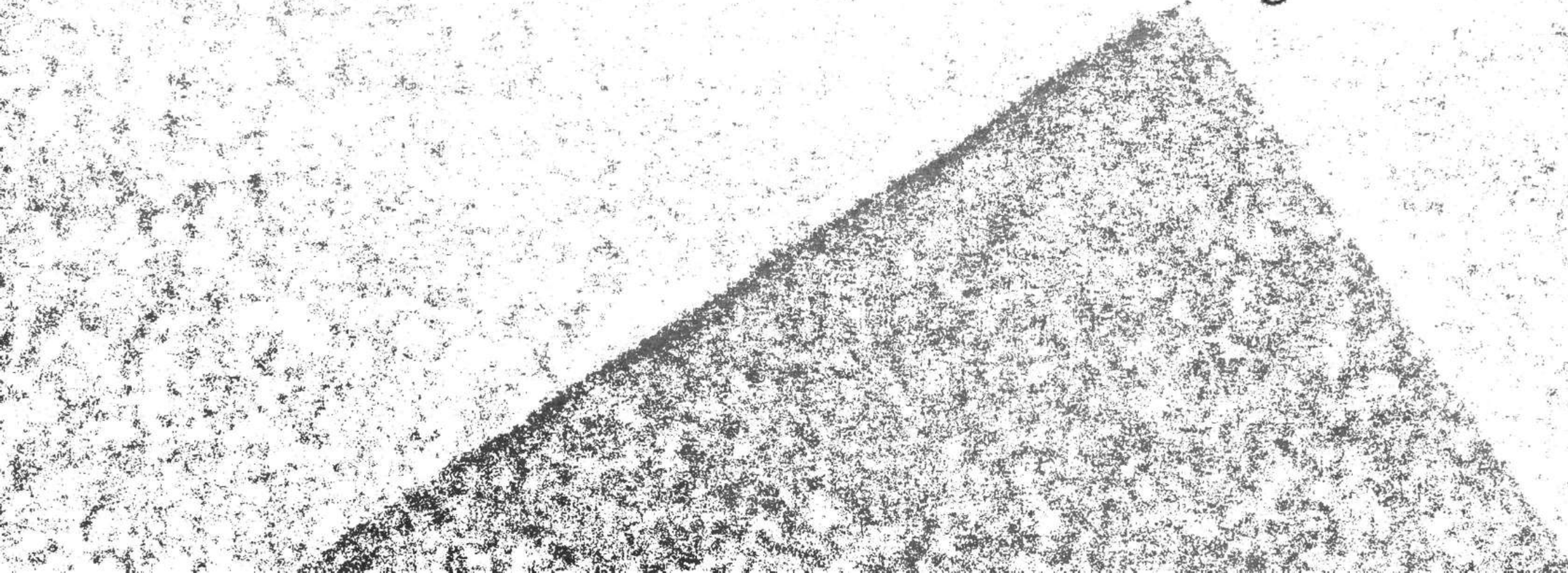
For instance, I worked the better part of a year in rural Africa, where people had to risk stumbling into a fire, falling off a camel, contracting anthrax from their cattle, chopping their feet while cutting firewood, or sustaining spear wounds from marauding neighbors. Their reasonable precautions consisted of not buying meat from neighboring tribes who had a reputation for selling roadkill, thoroughly cooking their food, and avoiding being out at night in the bush where poisonous snakes, hyenas, and hostile raiders lurked.

• • •

A workable medical philosophy recognizes that age-related and hereditary medical conditions often cannot be cured or even treated, that many serious medical problems can be avoided by living smarter, and that accidental and environmental problems can often be successfully handled by informed, ambitious adventurers.

The really difficult part is sorting out the various categories. This may include standing by and allowing grandma to die a peaceful death because, at most, even trained professionals with unlimited budgets may only prolong her life a matter of days or weeks.

Having performed our own sort of medical philosophy triage, we can now begin the process of healing others.



2 MEDICAL REFERENCES

It seems that every community has at least one medical doctor catering to adventurous males. In my case, it was Dr. Ayers. I had recently returned from the Golden Triangle area of Burma, Laos, and Thailand with a dose of intestinal crud. I suspected schistosomiasis, but Dr. Ayers didn't have a clue. Good doctors will quickly admit that visitors to parts of Asia and Africa easily bring back medical maladies they have never seen and for which the cure is unknown to them. Farmers, missionaries, and adventurers living in the area have a far better understanding of medical conditions prevalent there, as well as how to cure them.

Dr. Ayers pulled a massive medical volume down from his shelf. Without comment, he thumbed through the index before quickly stuffing it back in its place. Grabbing yet another, he began to read intently. "It's like leprosy," Ayers said. "We talked about this stuff briefly in med school, but I have never actually seen a case in person, and I have practiced medicine for 40 years.

"Civilians suppose that we understand 80 percent of what we see in a medical context," Ayers continued, "and that 20 percent is pure conjecture on our part. In reality, it's the other way around. We cannot explain or reliably identify 80 percent of the maladies with which we often deal. Thankfully, the 20 percent we know is the most common stuff we deal with on a day-to-day basis.

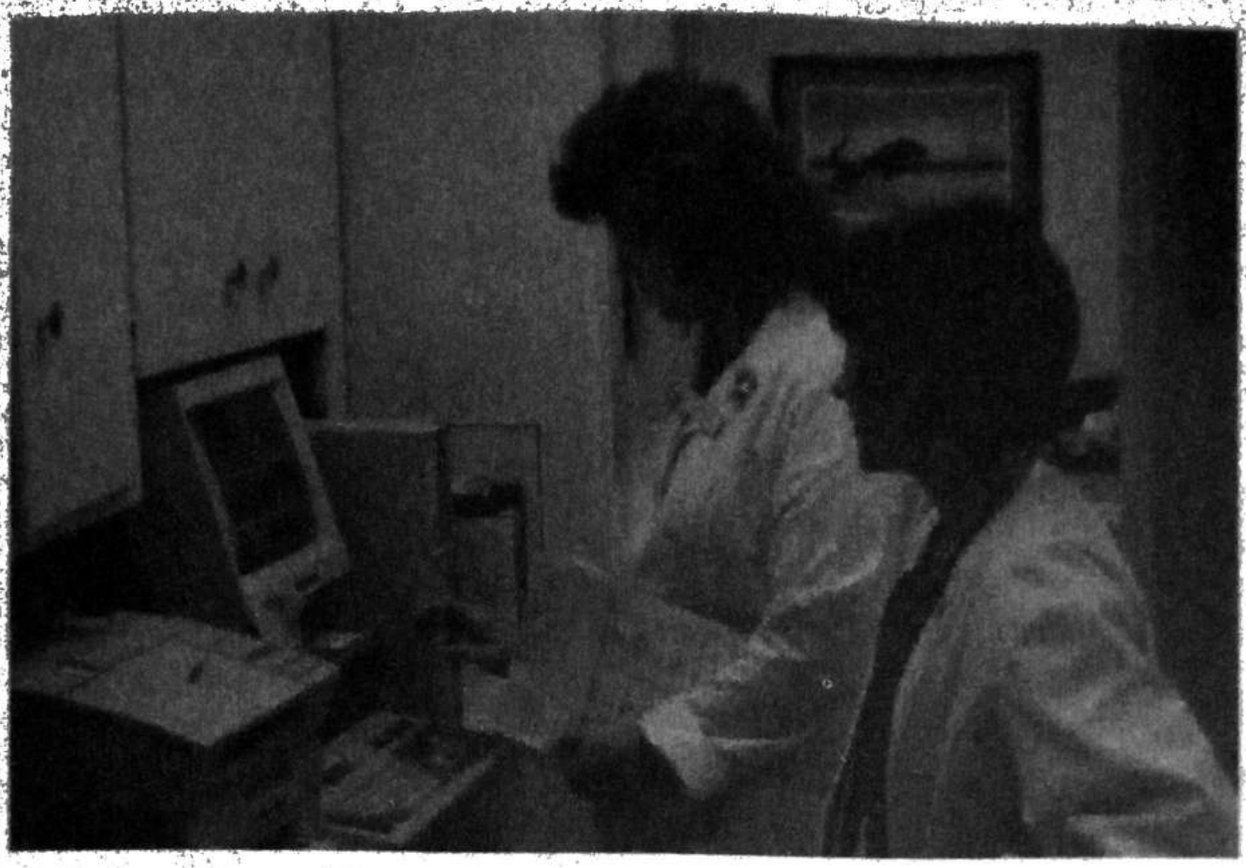
"In cases like yours, which I have never seen, I absolutely must go to my reference library. Part of being a good doctor to you guys entails spending big bucks on up-to-date references and spending time studying periodical literature about medical problems."

As it turned out, microscopic analysis confirmed that I did, indeed, have a dose of the dreaded snail (schistosomiasis). Treatment, even back then, was fairly simple if one discounted completely the fact that the FDA criminally preferred that people with schistosomiasis die or endure crippling injuries rather than allow simple, proven drugs inside the United States.

After diagnosis was confirmed, Dr. Ayers explained my options: "Four drugs are effective and appear to be reliably safe. For sure, they are safer than a case of the stuff you have. One of the medications is available on an experimental basis from the Parasitic Disease Drug Service (PDDS), Centers for Disease Control, in Atlanta, Georgia. Others can only be purchased outside the United States."

On an experimental basis, good old Dr. Ayers watched over my efforts as a plain citizen wheedling a supply of merifonate, the drug I needed, out of the bureaucrats. I posed as an intern in a make-believe clinic, calling to find out how one goes about getting a supply of medication. Meanwhile the critters within me did not remain dormant, and it quickly became obvious that they would win. The PDDS people were much more interested in my filling out reams of paperwork than in curing me. Following our initial contact, they didn't even seem interested in my actually being a bona fide, card-carrying member of the medical cartel.

After discovering which pretext worked best with the



In most cases, medical professionals must consult data banks and reference materials before diagnosing or treating medical conditions.

PDDS, I called back in my true role as "Dr. Benson," trying to speed things up. The agency would have eventually provided the drug, but my body couldn't wait that long. So as a fallback alternative, I called a friend in Bangkok, who taped forty 80-milligram meriofonate tablets to the inside cover of a stock report that he overnighted to me. About 30 days after I was cured, U.S. government bureaucrats cleared me for "its" drug on an investigative basis only. And people actually worry about clinical drug tests on four-legged mammals!

• • •

I was impressed by Dr. Ayers' candor, but the most vivid thing I remember from that medical experience was the necessity of owning your own medical library. If even trained physicians must consult the books, I reasoned, how much more important are they to the average paramilitary adventurer?

The list of recommended medical books that follows was

developed over the years in response to input from medical professionals, military medics, hard-core survivalists, militia members, and—in numerous cases—readers of my first book, *Survivalist's Medicine Chest*. As usual, this compilation is a moving target. Any additional suggestions are appreciated. After review, they may be included in subsequent editions of this manual.

The inclusion of a few of these books may seem inappropriate. Keep reading, however, and it should become obvious why these texts are included.

Several hurdles face the adventurer who wishes to accumulate all these volumes. Money and the fact that a few of the recommended texts are currently out of print are the principal obstacles. In the case of limited funds, I have only a couple of suggestions. First, prioritize what you really need and accumulate the books as you can. Next, used books are usually substantially cheaper than new ones. Check used-book stores, flea markets, and yard sales. This also works when trying to track down out-of-print books. You can check with the publisher, libraries where older copies may be for sale, medical professionals who may have older volumes for sale, or remaindering services. Also ask publishers about current volumes in print with identical information.

Government publications are usually available at university library repositories. Because no copyrights apply, these volumes can legally be run through a photocopier. I have often checked out needed volumes, taken them to professional business service stores such as Kinkos, and had the book reproduced, even with color plates!

Notice that there are no homeowner fluff-type books on this recommended list. On the face of it, *Take Care of Yourself—A Consumer's Guide to Medical Care* by Vickery and Fries (1981) would seem to belong on our list. However, even a cursory reading suggests that this book is a sophisticated apology for the medical monopoly. Most serious conditions discussed in it culminate with the recommendation to see a doctor now. The volume in your hands is written for people who, for

one reason or another, known principally to them, cannot see a regular doctor.

1. *Medical Dictionary and Health Manual*, by Robert E. Rothenberg, M.D. (1975, Signet Press, 1633 Broadway, New York, NY 10019). For those who wish to take personal responsibility for their medical treatment, a good dictionary of medical terms is a must. Many are available,with a wide range in size and price. Some are paperbacks, costing four or five dollars, while others go as high as $30. I have found this little paperback to be entirely adequate. It is out of print now, and other, better volumes are available and can be ordered from a bookstore.
2. *The Merck Manual* (Merck, Sharp, and Dohme Research Laboratories, Inc., Rahway, NJ). This volume is published in an updated version approximately every five years. Any late edition will do, provided it is not older than the 1980s. Great revisions are made from volume to volume, but most of the information is fairly basic, especially for the nonprofessional.

   This massive volume covers how diseases and conditions are contracted, spread, and treated. Every malady known to man, ranging from infections and parasitic disorders to poisonous bites and stings, is covered in a relatively easy-to-use index system.

   The main problem with this book is its size and complexity. Unless you are fairly familiar with basic human physiology, you will have to start the diagnosis with a simpler text, working up to diagnosis and treatment as outlined in *The Merck Manual*.

   Don't be discouraged—most doctors are not knowledgeable about or have not seen everything

contained in this volume. Their only advantage is knowing where to start looking, as well as having an easier familiarity with the terminology.

The cost for a new volume is around $40.

3. *Drugs, Second Edition, Nurses' Reference Library* (1984, Springhouse Corporation, Trade and Textbook Department, 1111 Bethlehem Pike, Springhouse, PA 19477). Unfortunately, this excellent book is out of print. I find it tremendously valuable in terms of discovering which drugs substitute for which and any potentially dangerous combinations of drugs. Although substitute volumes exist, this should remain one of the best in terms of recognizing adverse reactions to various drugs for at least 10 years.

   Check doctors' offices and hospitals for old copies that they may be willing to sell or inquire at sellers of used books. At one time, every nurses' station in every hospital had a copy of this text.

   The original cost was about $30.

4. *Delmar's Nurse's Drug Reference* (1996, Delmar Publishers, 3 Columbia Circle, Albany, NY 12203). This volume was meant to replace the 1984 edition, which is now out of print. However, most users find the volumes to be complementary rather than conflicting or even overlapping. If this 1996 volume is the only one you can find or afford, it will certainly suffice.

   The price at this writing was about $30.

5. *Physicians' Desk Reference*, edited by Charles R. Baker (1995, Medical Economics Data Co., Montvale, NJ 07645). This is probably the most commonly available medical text in the world. Thousands of suitable, older editions are available, provided they were published after the mid-1980s. Not much about diagnosis is included, but a great deal about commercial drugs from most

major manufacturers is there, including dosages and potential problems.

New editions are published yearly, which drops prices for used copies dramatically. Color pictures of virtually every drug manufactured are helpful.

The cost of a new edition is about $65.

6. *Current Medical Diagnosis and Treatment*, edited by Krupp and Chatton (1996, Lange Medical Publications, Drawer L, Los Altos, CA 94022). This is a great diagnostic volume that will probably be used more frequently than any other even though it may be a bit sophisticated for those with no clue about human physiology. Yet its encyclopedia-like reference to human maladies is relatively easy to use. Simply look under "eye" if, in fact, it's the eye that is ailing. Thirty-three detailed chapters cover everything from fluid and electrolyte disorders to immunological disorders.

   Use other, simpler, layman's-type texts to get in the ballpark, but this book is a necessity. It is one of the few covering disorders and medications not commonly seen or available in the United States.

   Current issues at $45 are best, but fairly recent, used editions are also useful and significantly cheaper.

7. *Emergency War Surgery* (1975, Superintendent of Public Documents, U.S. Government Printing Office, Washington, D.C. 20402). Most medical texts do not cover burn, blast, and blood trauma cases for the layman. But *Emergency War Surgery* does an excellent job in this area.

   Though not officially out of print, *Emergency War Surgery* is not easy to find. At times, it is available from the U.S. Printing Office, but more often than not it is "out of stock." Some other publishers have reprinted it. Check with your local bookseller.

When available from the government, the cost is about $10. If all else fails, secure a copy from a university government publication repository and have it photocopied. At 400 pages, this may not seem cost-effective, but men of action must have this volume for its information about treating violent injuries suffered in accidents or warfare.

8. *U.S. Army Special Forces Medical Handbook* 31-91B (1992 reprint by Paladin Press, Box 1307, Boulder, CO 80306). This is a very complete, easily read emergency treatment how-to manual developed for elite, highly motivated soldiers who work far behind enemy lines, where they themselves are the only source of medical treatment.

   This often tough-to-find volume is especially valuable as a source of information on dental problems and procedures, emergency anesthetics, childbirth, and broken and dislocated bones. It is a very simple, basic text, assuming few medications and facilities.

   If this book is not available from Paladin Press, try contacting a university library or even your senator or representative to see whether a copy can be swept out of the cracks at the U.S. Printing Office.

   Sales of this volume are never brisk, but generally somebody is reprinting it, in part as a community service. The cost will be about $23.

9. *A Barefoot Doctor's Manual* (1977, Running Press, 125 South 22 Street, Philadelphia, PA, 19103). This is an English translation of the official Maoist Chinese paramedical manual. ***A Barefoot Doctor's Manual* is a very simple, basic text, assuming few regular medications and facilities, written for barely literate health care providers who have little to no understanding of human physiology. We amateurs can usually start**

good preliminary research on medical conditions with this volume.

When little else is available, this little book (cost about $19.95) has some easily comprehensible, but often oversimplified, material on complex illnesses and conditions. Some obvious biases exist in this volume, such as the use of herbs and vitamins to cure complex cancers. However, for those with little medical training it can be invaluable. People new to the "medical business" must have this volume.

10. *Where There Is No Doctor—A Village Health Care Handbook,* by David Werner (1990, Hesperian Foundation Publications, Box 1692, Palo Alto, CA 94302). This book is a companion text to *Where There Is No Dentist.* In spite of having a counterculture bias, this volume should be included in your medical library. It was developed principally for Third World village medical workers in grave danger of being overrun by greedy, profit-seeking private medical providers. It is basic, simple, and well illustrated. The text assumes little training or knowledge of medical matters and even less of common sense.

    The price is only about $14.95, which probably includes a financial loss to the publishers, but for most people it is worth its modest cost. And how else is the Hesperian Foundation to be morally just, if it doesn't lose money on your purchase?

11. *Where There Is No Dentist,* by Murray Dickson (1989, Hesperian Foundation, Box 1692, Palo Alto, CA 94302). Some sort of complete dental text is necessary for neophyte medical providers. This volume shows some promise, especially in its concluding chapters, but the majority deals with such basic topics as brushing after every meal,

preventing plaque, eating politically correct vegetables, avoiding feeding babies with bottles, and taking vitamins for dental health, as well as discussing maladies and syndromes. In this volume, we learn that drug companies who make a profit from their inventory are basically evil.

At $12.95 it is worth the price, if you do not expect very sophisticated information that would be useful for teaching how to treat existing dental conditions.

12. *Gray's Anatomy* (1977, Gramercy Books, 225 Park Avenue South, New York, NY 10003). *Gray's Anatomy* was first published about 60 years ago. It is a much-revised and expanded benchmark publication containing tremendous detailed information for all levels of medical practitioners.

    Absolutely every muscle, gland, organ, and bone in the human body is illustrated in this 1,257-page tome. Complete indices make it possible to find exactly the bone or organ with which you must deal.

    For instance, anyone called upon to set fractures must have a copy of *Gray's Anatomy*. Perhaps because the original copyright has expired, this volume is relatively inexpensive. Currently, it sells for between $9.95 and $12.95, depending on which book wholesaler.

13. *The Ship's Medicine Chest and Medical Aid at Sea* (1978, Superintendent of Public Documents, U.S. Government Printing Office, Washington, DC 20402). A large, colorful, well-illustrated, fairly comprehensive volume describing in nontechnical detail diseases and medical emergencies most commonly encountered by seamen. This book is based on the medical experiences of members of the U.S. Maritime Services over more than 100 years. In that regard, it misses

some more exotic diseases and conditions found in other texts.

This is the book to start with when it's not clear whether you are dealing with heat exhaustion, a heart attack, or food poisoning. After learning the information it contains, you can move on to more specific, sophisticated volumes containing more details.

As with all other public document books, your chief source is either secondary publishers who do reprints of the original or the copy machine. I paid $16.95 for my volume about 15 years ago. Today, copies are frequently found in used-book stores.

14. *Physicians' Desk Reference for Nonprescription Drugs* (1995, Medical Economics Company, Montvale, NJ 07645, or order from Physicians' Desk Reference Co., Box 10689, Des Moines, IA 50336). Because it costs $41.95, some do-it-yourselfers may elect to skip this text, but I do not advise doing that because more and more sophisticated over-the-counter drugs are available each year.

    Information in this reference includes ingredients, interactions with other drugs, dosage indications, and methods of administration. Readers often discover other uses for over-the-counter medications that they had not thought of—or would never think of without this volume.

15. *Ditch Medicine,* by Hugh Coffee (1993, Paladin Press, Box 1307, Boulder, CO 80306). This is a more advanced, hard-core text for laymen that details exactly how to deal with severe wounds, burns, intravenous therapy, and other treatments. It includes many excellent photographs and drawings. In some regards, this volume complements the military manuals previously men-

tioned. However, it is more specific in some cases and should be included in a complete medical reference library.

• • •

Although no one has been able to point them out for a number of years, there are probably still some small gaps in this collection of information. These glitches certainly are not major. Users ranging from the medically sophisticated to the completely untrained report good success finding all the information they require from these volumes.

The cost to acquire all the texts listed would be about $400, not including the time, initiative, and energy to track down some of them. It would be nice to simply go to a local bookseller to get all of those listed, but this will not happen. It may take a year or more to assemble everything. In this regard alone, being your own medic will take great planning. Just remember that every medical school has a bookstore, which is an excellent place to start (or finish, as the case may be).

3 ANESTHETICS AND PAIN MANAGEMENT

Having gained confidence as a result of the great body of information contained in your recently acquired library, it is perhaps fitting to tackle the most dangerous aspect of do-it-yourself medicine: anesthetics and painkillers. First, however, I think it is appropriate to sound a note of caution about this very serious medical topic. Even in the hands of medical experts who do nothing but administer them, anesthetics and painkillers are very, very dangerous. In part, this is why anesthesiology is a separate function during most intrusive medical procedures.

However, anesthetics and painkillers are essential to many medical procedures. Without them, many internal injuries, surgeries, fractures, and burns are so agonizing that the pain alone might kill the patient. However, narcotic painkillers are easily the most difficult drugs for adventurers to acquire and use properly, and this is probably a good thing. Narcotics are easier to administer than anesthetics, but both are difficult to

use. Many of us would quickly kill friends and family members trying to do the humane thing and alleviate their horrible pain. But without good knowledge of and some experience in how these drugs work, the process could be more deadly than the wound itself.

Painkilling drugs and anesthetics are available to do-it-yourselfers, but not as easily as other drugs, or necessarily through similar channels. I will briefly explain how to acquire many painkillers as we go along, but again it should be very clear that if you must treat one of your own badly burned children, for instance, you may kill him before realizing what you are doing.

Two basic pain control techniques are available: put-the-patient-to-sleep anesthetics and local administration of painkillers. Both anesthetics and painkillers are dangerous, but anesthetics are by far the more dangerous. I have personally killed a number of four-legged critters attempting to administer general anesthetics. These include much-loved pet skunks and an old family friend, my pet badger. (Pigs, in case you don't already know, make the best subjects for experimentation because their digestive and nervous systems are so close to those of humans—even closer than those of primates.) In several cases, I elected not to use general anesthetics on humans because of the very real danger, in spite of great pain and suffering they went through because their wounds had to be stitched up.

Even local nerve-blocking painkillers improperly monitored or given in overly large quantities can lead to tissue damage that could result in organ failure or death. Don't attempt any of these techniques before experimenting on animals unless it is an absolute last resort and not doing it would result in certain death.

In rural up-country Somalia and Kenya, I often did administer local nerve-blocking painkillers, but only as a last resort. I never lost a patient, but the people I treated would have been dead without my efforts. In one case in Kenya the nearest clinic (not doctor) was 12 hours away! In this instance, my charges

felt more confident about my "horse doctor ability" than that of an overworked, uncaring, indigenous government nurse.

In any case, use local instead of general anesthetics, if it is at all possible.

A second caution also applies: never, never administer any anesthetic without help from an assistant assigned the sole task of monitoring the patient and administering the anesthetic. You should assign the best-qualified, most-experienced medical person as "assistant anesthesiologist," even if he did nothing more than maintain records in a spay/neuter clinic in a previous life. The assistant must closely watch pulse, breathing, eye movements, skin pallor, urine and bowel function, and any signs that the anesthetized person may be about to throw up. If it appears that the patient may be about to vomit, turn the patient's head to the side and lower it. If vomiting does occur, clear the mouth and throat quickly, using fingers or a tongue depressor. Everyone concerned with the procedure must wear latex gloves, which are readily available from drugstores or veterinary supply stores.

Some of the books in the medical library to be assembled have good information regarding pain management and are easily understandable for do-it-yourself caregivers. Please refer to Chapter 17 in the *U.S. Army Special Forces Medical Handbook*, Chapter 15 in *Emergency War Surgery,* and Chapter 7 in *Ditch Medicine*. (*Ditch Medicine* has only one serious caution, according to some medical experts. Nerve blocks should never be deployed in fingers or toes where small veins might be destroyed, this leading to gangrene. Use the nerve block farther up the arm or leg.) Then go back and read everything again and have your assistant read everything twice.

I will try not to duplicate this information. What follows is based mostly on my own experience.

Before undertaking any action, the assistant anesthesiologist should try to spend enough time with the patient to be certain about what constitutes normalcy in his case. Under some drugs the patient's pulse may increase or decrease. Anyone waiting for serious surgery, especially in a do-it-yourself con-

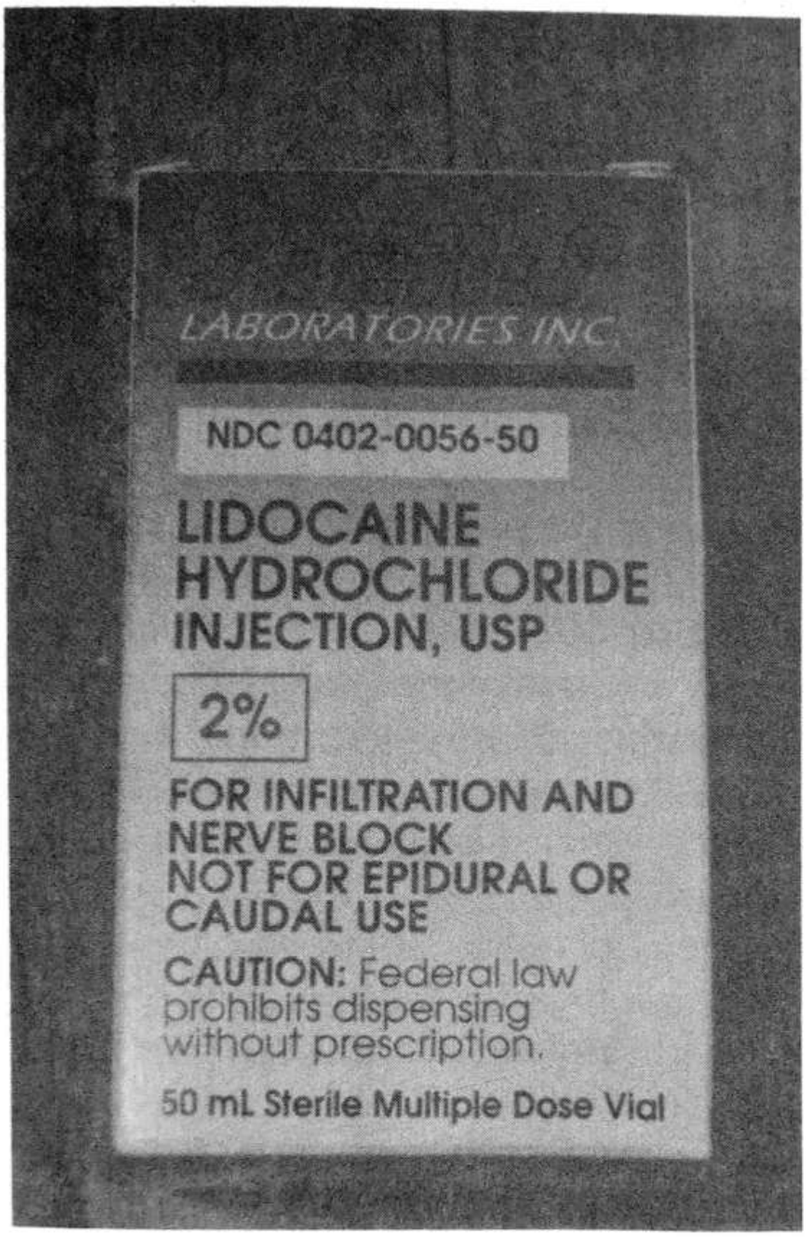
text, is going to be hyper. Five to 10 milligrams of Valium 30 minutes before the procedure has a calming effect if it can be obtained. Valium is easier to obtain than many narcotic drugs. It can be purchased over the counter in many places in the world and by mail order in the United States (see Chapter 6 for details). It is vitally important to establish or know what, exactly, is the standard in that particular patient's case.

In a military context, thousands of men's lives have been saved by medics with limited training or by highly motivated, alert buddies who performed the work of medics. Non-professionals can do this work, but it won't be easy or without personal trauma.

In a civilian context, the helper should write down the patient's pulse and respiratory rates, maintaining them accurately so that they won't be lost during the excitement of the action to come. It is also extremely important that the patient's breathing passage be kept open, either by slightly elevating the head or inserting a plastic airway. A regular hard plastic tube will do in this case; you could also have the patient to clamp his teeth down on an item about the size of a pencil, being careful to keep his tongue depressed.

Ideally, no anesthetics—even locals—should be given on a full stomach. But this is not always possible. Some patients empty their stomachs from shock or pain resulting from their wounds, which in this instance is helpful.

Veterinarians and dentists use the generic local anesthetic lidocaine. It is available under a number of different trade names and slightly different formulations such as Xylocaine, Bupivacaine (a brand of marcaine), and others trade names that vary from country to country. Bupivacaine is longer lasting but tougher to acquire than lidocaine; sometimes you must take whatever is available. Xylocaine is not quite as difficult to obtain as some other, more powerful narcotic-type painkillers. Once he is properly licensed and credentialed, a U.S. doctor can simply call American Anesthetic Supply, and it will ship out the required materials. In all cases, it is tacitly understood that supplies are controlled.


LABORATORIES INC.
NDC 0402-0056-50
LIDOCAINE HYDROCHLORIDE INJECTION, USP
2%
FOR INFILTRATION AND NERVE BLOCK
NOT FOR EPIDURAL OR CAUDAL USE
CAUTION: Federal law prohibits dispensing without prescription.
50 mL Sterile Multiple Dose Vial

Lidocaine is the generic name for drugs injected to block pain.

In many places throughout the world where most prescription drugs are commonly sold over the counter, lidocaine is not. Xylocaine is not available over the counter in Canada or Mexico but may be available in Belize. Friends report that over-the-counter purchase is still possible in most of Africa. In Canada 2-percent lidocaine cream, useful for sewing bad cuts and punctures, is available without a prescription. In Mexico, a $10 bribe plus the considerable cost of the drug will yield lidocaine at some *farmacias*. With a small bribe, Xylocaine is available over the counter at drugstores in Thailand and the Philippines. If the druggist doesn't carry it, he will get it for you. But you cannot order Xylocaine and have it shipped into the United States, as is true with many

other prescription drugs. I have secured both painkillers and anesthetics from vet supply houses by posing as a veterinarian, complete with computer-generated cards and letterhead. I simply wrote my own prescriptions.

At times, friendly dentists can be prevailed upon to supply local painkillers. It can never be predicted which series of friends and pretexts will lead to a supply. Adventurers must consider their needs ahead of time, making suitable plans to overcome supply problems.

In all cases, be aware that some people are very allergic to narcotics that are commonly used as local anesthetics. Try small portions on the patient first to determine whether an allergic reaction will occur. Doctors use a material called Narcan to counter adverse reactions. In the case of conventional anaphylactic shock, veterinary-grade epinephrine works fine. This is basically the same drug that is carried by people who are seriously allergic to bee stings.

If you cannot, by judicious planning along with extensive pretext, secure local anesthetics, the only fallback is alcohol. In copious quantities, along with aspirin, alcohol can numb the patient sufficiently to allow you to set bones, suture wounds, and treat minor burns. However, alcohol and deep burns generally do not mix well because of the serious dehydration that accompanies the use of booze.

You can also use a substitute pain blocker made from street cocaine. Sterilize the powdered cocaine in a microwave for two minutes, mix it with distilled water, and shake vigorously. Street cocaine is mixed with so many additives, such as cornstarch, that you may get a suspension rather than a solution. A suspension will work as a pain blocker, but the problem of strength is still there. Users claim that they keep back especially good coke mixed with powdered sugar or dextrose for their painkillers, but this still seems awfully tenuous. Coke cut with lumpy cornstarch is almost impossible to get through a small needle. Using coke cut with talc to formulate homemade pain blockers will result in horrible, life-threatening infections.

A word of warning: Using homemade cocaine solutions or

suspensions is always dangerous because you never know how clean or pure the stuff is. If this home brew must be used, experiment with a small, shallow injection on yourself to determine its strength before giving a full injection. Keep in mind that these procedures are to be used only for emergencies.

As with all anesthetics, monitor your patient closely after any injection.

Two general methods are available if you have appropriate drugs for local anesthetics: local wound infiltration or regional muscular nerve blocking.

For local wound infiltration, choose the finest gauge needle possible (probably a 28 gauge or, if regular [not vet-grade] needles are available, a 27 or 30 gauge) and inject a small amount of painkiller around the wound. Little skill is involved, and you could even safely use street coke or 2-percent salves, available over the counter in every place but the United States, for local infiltration.

Before administering regional nerve blocks, consult *Gray's Anatomy* or other medical texts to find the major nerve location for the targeted area. Depending on the effectiveness of the painkiller, inject up to a couple of cc's into the nerve area, effectively blocking pain sensations. Inexperienced practitioners who do deep nerve blocks can create excruciatingly painful permanent damage. Be certain that the medical emergency justifies the risk. If you have never administered an injection before, do as med students do and practice giving shots on an orange.

Minimize the danger of damaging nerves or muscle by keeping dosages as small as possible. Relief from pain at the damaged site is relatively quick if the painkiller is injected properly. Other than some small risk that the patient will be bruised and damaged from multiple injections, treatment can be repeated until the desired numbing effect is achieved.

Place one drop of painkiller at the site of the injection 10 seconds before inserting the needle. Again, be especially alert for allergic reactions since many patients are very sensitive to narcotics. If you are uncertain, administer a few cc's locally and wait five minutes to be sure no reaction results.

The rule of thumb is that deep, wide wounds requiring extensive cleaning, sewing, and repair will require nerve blocks; whereas small, local wounds, cysts, and burns—even if they are a bit deep and serious—can usually be dealt with by using local infiltration.

Major fractures require blockage of major nerves before realigning and setting the bones can begin. Nerve blocks on an adult male are generally limited to about 300 milligrams of painkiller, total. For a 1-percent solution, this is about 30 cc's of painkiller. More might damage the patient's muscles and nerves. Read the bottle labels for exact density data. This danger is especially severe when treating fingers. Read the books recommended in Chapter 2 for additional information. Local anesthetics containing epinephrine can be especially destructive if used on fingers and toes. Beware. I use only alcohol and aspirin when setting and suturing fingers and toes.

Medical professionals estimate that in a clinical context about 70 percent of pain management is done by general anesthetics. The other 30 percent is accomplished by local anesthetics. In the field, the percentages are reversed: 70 percent of pain is managed with local anesthetics, and general anesthetics are attempted only for the most serious injuries, no more than 30 percent of the time.

In a hospital, intravenous solutions of Sodium Pentothal or close derivatives are used. Sodium Pentothal, or a close derivative, can still be purchased over the counter in many places in the world, but it is not recommended for general anesthetic use by nonprofessionals because the patient must be carefully balanced between diminished reaction to pain and complete respiratory and circulatory failure. This extremely fine line is difficult to maintain for do-it-yourselfers. Additionally, Sodium Pentothal must be administered intravenously, which further complicates its deployment in the field.

The body exhibits definite signals to indicate the progression of the general anesthetic. These include increased eyeball movement, irregular rapid breathing followed by a fallback to a rhythmic respiration, changing blood pressure, irregular

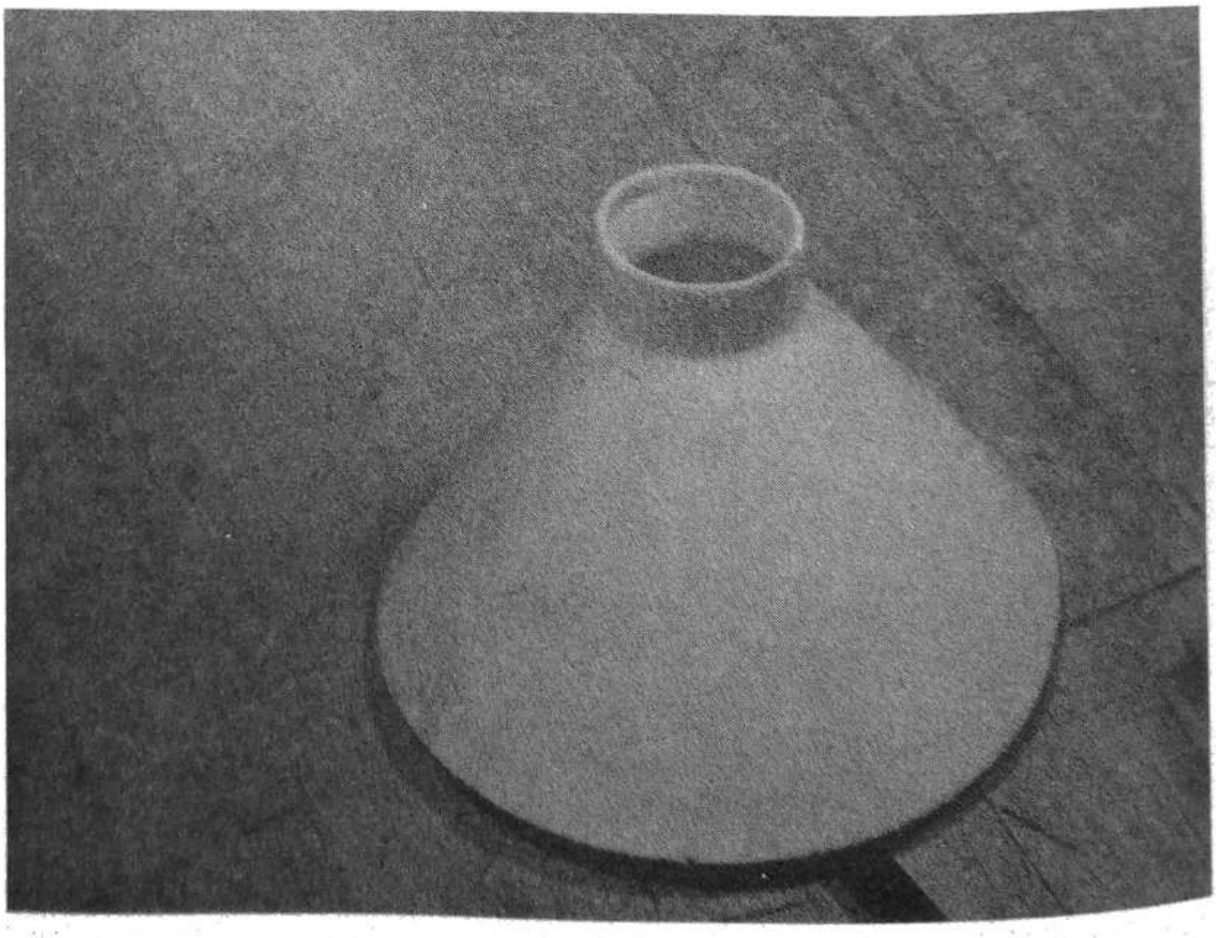
pulse, and convulsive vomiting. Experimenting with animals will provide some familiarity with these warning signs, but you must nevertheless pity the poor adventurer who is forced to administer his first general anesthetic to a close friend or loved one.

Fortunately, or perhaps unfortunately as the case may be, chloroform—one of the best and simplest general anesthetics—is reasonably easy for citizens to acquire. Chloroform is a very early anesthetic and was first used to great extent during the American Civil War. At that time, little was known about its general physiological effects on patients. Yet only 43 cases of death from chloroform were reported. Well-meaning amateurs sometimes administered general anesthetic in a desperate

Chloroform, first used as a general anesthetic during the Civil War, is available from chemical supply stores in the United States. Note that the bottle is sealed in plastic for long-term storage.

attempt to alleviate the excruciating pain of amputation or bullet removal. The results were mixed. A few patients were overanesthetized and died. Others threw up violently, choking themselves to death. Still others were overdosed sufficiently that droplets of the pure drug found their way into the lungs. As a result, patients awoke to find that they had a case of pneumonia and no leg or arm. On balance, given knowledge of the times, this early use of chloroform must be considered a success. At least 80,000 cases of chloroform anesthesiology were reported during the Civil War.

Medical-grade chloroform can sometimes be purchased from veterinarian supply stores, veterinarians, drugstores in rural areas, and chemical supply houses catering to survivors. Look for ads in *Popular Mechanics, Soldier of Fortune, Shotgun News,* and *American Survival Guide.* I recently purchased several liters from a family druggist (my rottweiler got into a porcupine) and from a mail order chemical supply house.

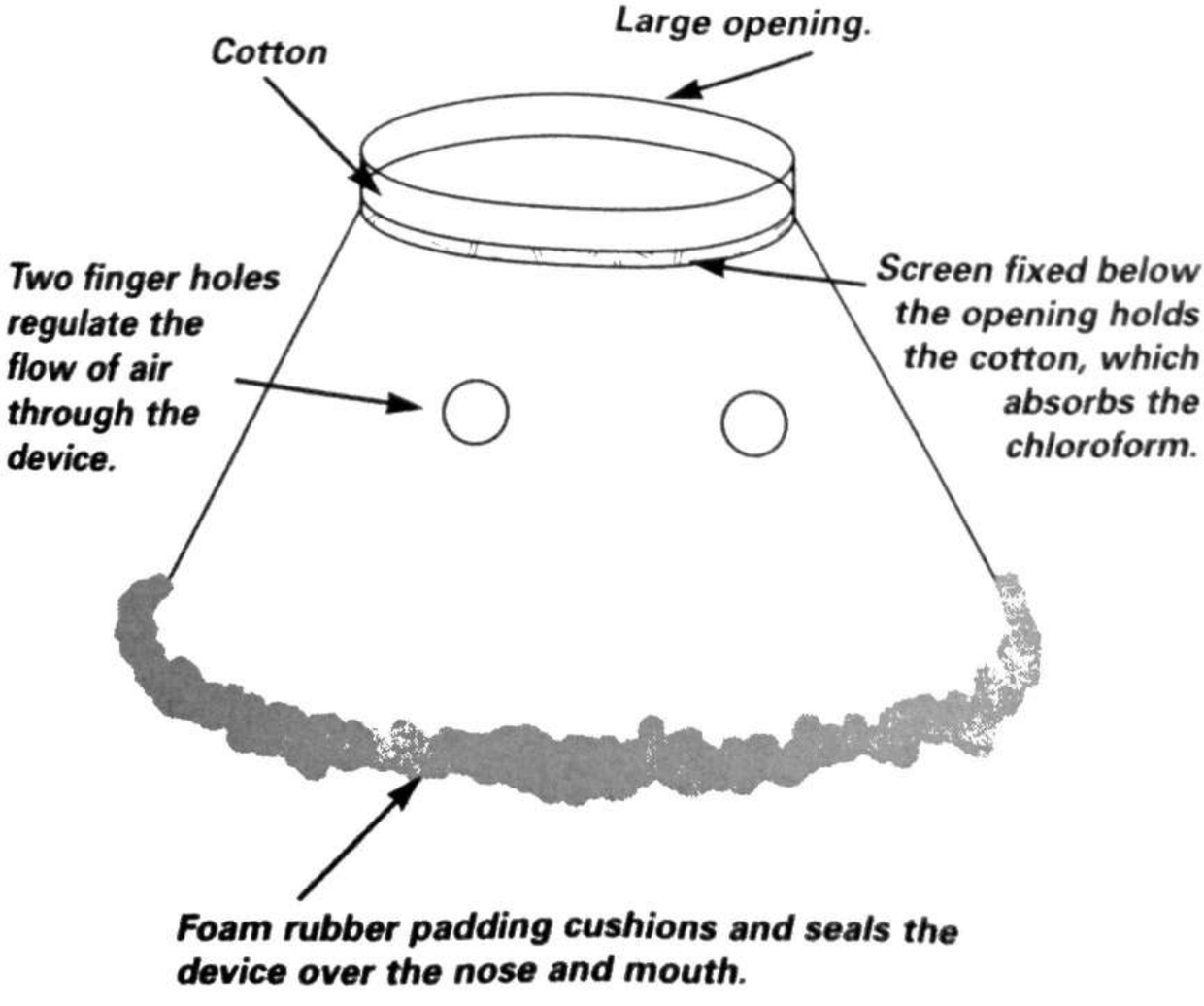


A large automotive funnel, as shown, can be modified for use in administering chloroform.

Chloroform is extremely volatile, to the point of being very hard to store. It will keep in tightly sealed glass bottles for about five years, but once opened, it will evaporate rapidly. Drugstore owners who carried it on their shelves during the 1950s and 1960s often found that after a matter of months on the shelf, the tin cans it came in were mysteriously empty. (Ether, a close sister in application to chloroform, is very explosive and completely unavailable.)

Chloroform is administered by using a large plastic funnel with an oversized exit hole. Radiator filler funnels work nicely. Carefully fasten with glue or tape a thick layer of foam rubber to the edge of the funnel to act as a seal around the mouth and nose, forcing the patient to breathe through the funnel.

Drill two 3/8-inch air holes in the funnel about halfway up on the skirt. These are blocked or unblocked by the "anesthesiologist" with his fingers, providing more or less air or chloro-


Large opening.
Cotton
Two finger holes regulate the flow of air through the device.
Screen fixed below the opening holds the cotton, which absorbs the chloroform.
Foam rubber padding cushions and seals the device over the nose and mouth.

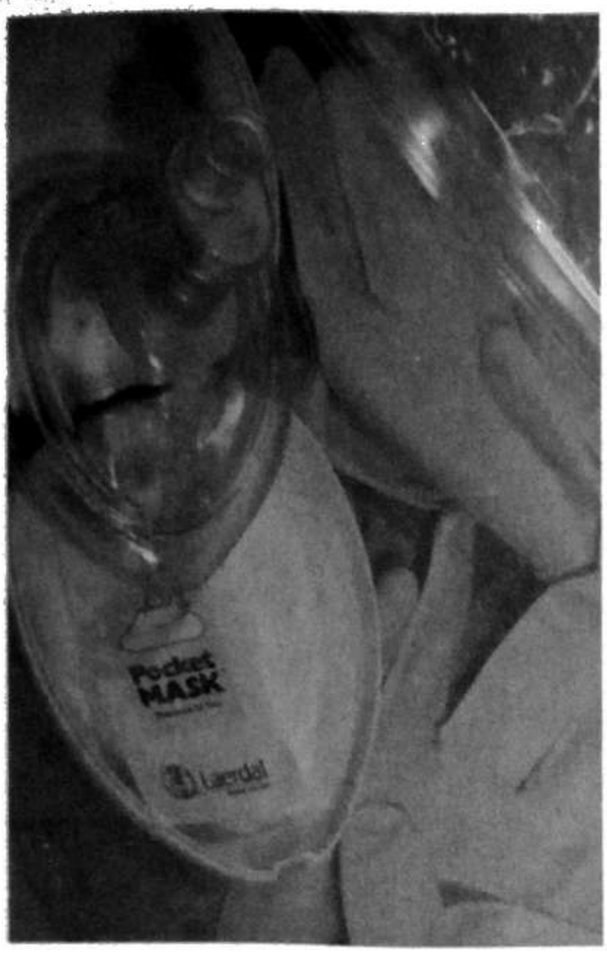
form. I know I said this before, but it bears repeating here: no anesthetic should be administered by the person actually setting, cleaning, or suturing wounds. A separate worker must be responsible for the anesthetic.

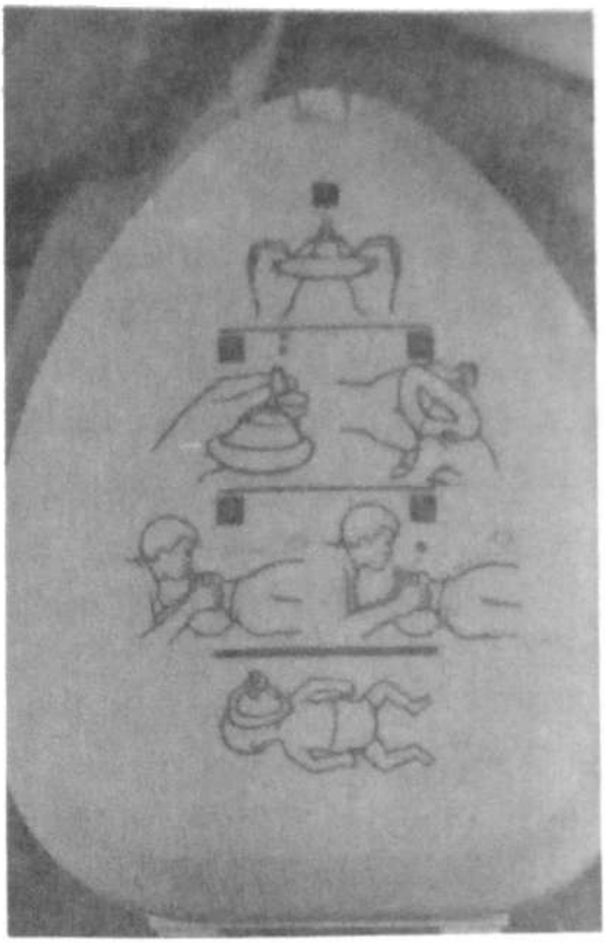
Tape or, if the funnel is permanently retired from automotive use, glue a piece of fine mesh screen at the top of the cone, providing enough space for a piece of cotton or gauze about the size of a large thumb. The gauze or cotton must sufficiently plug the hole so that no chloroform can run through in liquid form. As the procedure progresses, the person administering the anesthetic will pour small amounts of chloroform into the cotton. When not being used, the bottle must be tightly corked.

Constant attention must be paid to the patient's heart rate, eye movement, and breathing. The "anesthesiologist" must also watch for any signs of vomiting, which could strangle the patient. Before placing the cone over the patient's nose and mouth, stabilize his head in a slightly upright position on a stack of pillows to minimize the effects of vomiting. Also keep a piece of hard plastic tube handy to keep the patient's air passage open, and at the first sign of vomiting, take immediate action. Be prepared for involuntary action of the bowels, kidneys, and bladder.

The person administering the anesthetic will generally work from behind the patient, holding his head while keeping the mask in place. Pulse counts made through the veins in the neck help monitor the patient's respiratory rate. It may be necessary to pull the cotton plug and replace it with a new one as water condenses on the gauze and causes it to lose its effectiveness. When the patient's pulse and respiration settle to a regular, relaxed pattern, it is possible to begin intrusive procedures without the patient feeling any pain. Stomach contractions and vomiting indicate that the patient is probably too deeply anesthetized.

The anesthesiologist should keep up a continuous conversation with the person doing the actual work on the patient so that the flow of anesthetic can be discontinued and the awakening process begun as quickly as the procedure is over. Keep in mind that far less chloroform is required to keep the patient





(Left) Those using anesthetics of any kind must be prepared to administer CPR should the patient stop breathing. This artificial respiration kit was purchased at cost from the local heart association.

(Right) Instructions on how to deploy the artificial respiration device are shown on the kit lid.

anesthetized once he is out than is required to get him there in the first place. Someone must continue to monitor the patient as consciousness returns because vomiting can also occur at this time. It would be a shame to pull off a successful procedure and then have the patient strangle during recovery.

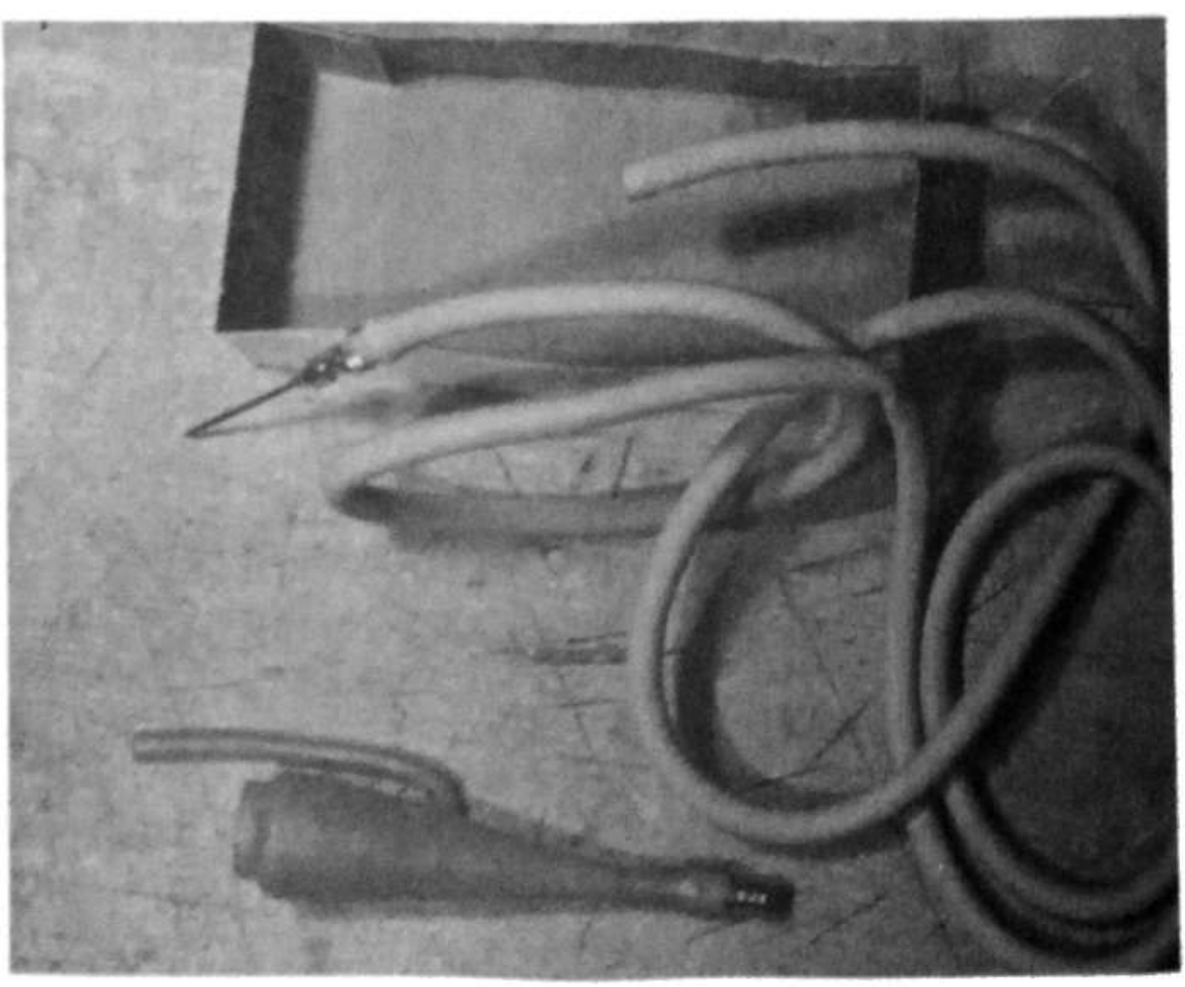
As if the problems with anesthetics were not severe enough already, one additional condition—albeit rare—may surface: apnea, a sleeping problem related to oxygen flow to the brain. In layman's terms, anesthetized patients simply forget to breathe. Should this condition occur, the anesthesiologist must apply artificial respiration either by mouth-to-mouth or conventional chest manipulation, depending on the patient's overall condition, until a normal breathing pattern is reestablished.

If you can handle intravenous (IV) procedures, an anesthetic

called Versed has great charm. It is not nearly as destructive as other IV anesthetics and is more forgiving with overdoses. Versed can be purchased from larger, central pharmacies in other countries, or they can custom order it. Some foreign pharmacies will ship it to buyers in the United States.

Start with an IV dose of 2.5 milligrams (5-percent solution) for a woman or small man. More can be given during the procedure. On completion, do not allow the patient to fall asleep again for at least four hours. If apnea sets in, simply shake the patient to restart him.

Obviously, pain management should not be taken lightly. I have had the benefit of practicing on great numbers of dogs, horses, pigs, and ex-tomcats, and I am still very wary of do-it-yourself pain management. It's not like giving a shot of penicillin for an infection or even treating an eye wound, of which



Intravenous pain management is possible using a relatively crude veterinary-medical apparatus.

I am also very wary. If any member of the team has any medical training and prior experience, there is much greater hope for success. If nothing else, the adventurer now knows how it can be done.

• • •

As a footnote to this chapter, I recently ponied up $395 to fly from Atlanta to San Juan, Puerto Rico, to determine firsthand how tough it would be to purchase lidocaine.

The first, second, and third *farmacia* at which I inquired did not have lidocaine. They all suggested another, larger, central *farmacia*. I quizzed the proprietors as best as my limited Spanish allowed. In order to be successful in your quest, you must be friendly and persistent, and attempting to converse in the native language could help. Finally, I had to write down the word *lidocaine* because of the difference in pronunciation. All three proprietors said that it was available over the counter but they didn't carry it. They tried to sell me the ointment instead.

Through my diligence, I was able to find the right *farmacia* and purchase one 50-cc vial of Xylocaine for $5.70 and one 50-cc vial of lidocaine for $4.35. I could have purchased up to three vials of each. Most other pharmaceuticals that I discuss in this book—other than Tylenol 3 and 4—were also available over the counter. Because Puerto Rico is a U.S. territory, no questions were asked when I brought it back into the country.

It took me several hours of patient searching, including talking to dozens of people, but I finally found the Ferrari Farmacia in San Juan, Puerto Rico. I was able to buy 50 milliliters of lidocaine and bring it back with me to the States.

4 SETTING BONES AND STITCHING WOUNDS

Although adventurers may spend more time worrying about mysterious infections, heart disease, and glandular imbalances, in real life they are far more likely to have to deal with blood cases. To the trade, blood cases are such things as broken bones, stab wounds, bullet wounds, severe scrapes, and being crushed (as in falling from an airplane).

SETTING BONES

Severe compound fractures are not treatable outside medical clinics because they involve X-rays, surgery, and steel pins, which amateurs are unable to do. Yet, severe compound fractures are relatively rare. In just the recent past, rural general practitioners set bones in their office without benefit of X-rays, specialists, or expensive equipment. They used only their general training and, in many cases, their gift for healing.

Mechanically gifted people, incredible as it sounds, can

make the best setters of bones and joints. Working on a shattered joint or an arm or leg is mostly a matter of understanding human mechanics. Those who can quickly and accurately grasp auto mechanics or the physical function of any machines have an advantage. However, these mechanically inclined do-it-yourselfers can do the best job only if they can also handle the victims' blood, pain, suffering, and personal stress that goes with dealing with blood cases.

These individuals must also be reasonably dexterous. Properly handling blood cases requires reasonable speed and precision. It's like the Old West gunfighter who had to take his time in a hurry.

Types of Breaks

Admittedly, damaged fingers and toes are relatively easy to handle. Even when set somewhat incorrectly, the patient will not be a complete cripple for life. Arms are a bit tougher, and leg bones, which tend to shatter, present a greater challenge.

The following are the classifications of breaks:

1. *Simple*: the bone is definitely broken in two but not shattered. The ends are back together in almost correct alignment.
2. *Compound*: this usually means a piece of bone is sticking through the muscle, and there are three pieces where there should be only one.
3. *Greenstick*: this is a severe bending of the bone, usually in younger people, to the point of breaking. Greenstick fractures are not usually in two pieces and are a bit easier for the novice to set.
4. *Comminuted*: there are many bone pieces, perhaps as the result of severe crushing.

Correctly diagnosing a fracture isn't always easy. Bad sprains, for instance, mimic fractures. Without X-rays, it is easily possible to make a dreadfully incorrect diagnosis. Look for any shortening of limbs or digits, incorrect angles, and, of

course, any rotation within the limb. Severe tenderness, especially in a joint, is also a good clue. An accident victim who cannot place weight on, or has no strength in, a limb might have suffered a fracture, or it may just be a bad sprain. Gently probe and feel before swelling begins in earnest.

Rapid swelling and discoloration, starting with angry red and quickly turning to black and blue, indicate an internal break. Sometimes, a grinding sensation can be felt by the victim and even heard by the caregiver, indicating that the break has naturally realigned itself. Yet, allowing this type of break to heal without correct realignment and stabilization is asking for a permanently crooked, and thus less-useful, member.

Before too much swelling occurs, firmly and gently manipulate the bones back into their correct position. Do this by rolling your hand firmly over the break, while applying very gentle pulling pressure. Always consult *Gray's* to determine what to expect. After the bones are back in place, a splint must be applied for six to eight weeks, restricting movement and assisting healing.

Do-it-yourselfers who attempt to repair shattered joints will be less than pleased with the results. Such practitioners often find that joints they have treated freeze up during healing, handicapping the patient for life. This, however, is a hazard for everyone who sets bones. A friend who slipped on the ice and shattered his elbow had it set by one of the finest sports medicine specialists in the nation during a two-hour surgery. After five years, he still has only 50-percent use in that arm.

Dislocations, in extremely simplistic terms, are handled by immobilizing the patient and then manipulating the joint back around till it is back in place. Resulting damage to cartilage and ligaments cannot be successfully treated by do-it-yourselfers, other than insisting that the patient not put any weight on the joint while natural healing occurs.

Immobilizing an arm or leg may simply involve tying it to a bedpost, chair leg, or whatever with a towel. Again, carefully study *Gray's* while tying to accurately determine the present (incorrect) alignment of the joint.

Fractures of the spine and ribs are treated mostly by immo-
ızing the patient and the injured bones. The trick here is to
ow when this damage has occurred. Obviously, great addi-
nal damage could be done by improperly moving a patient
ffering spinal or ribcage fractures.

It isn't mentioned in any medical texts I know of, but keep
mind that a very professional cast can be made by using
ee-inch wide strips of muslin sheet dipped in a thin mixture
plaster of paris and water. This improvised immobilizer is
en better and more comfortable than boards, plywood, or
n plastic stays.

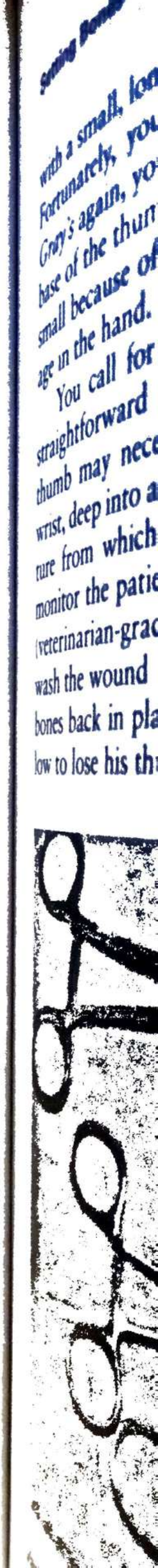
No one text has all the information on handling fractures
d dislocations. *The Ship's Medicine Chest*, *Emergency War*
rgery, and *Where There Is No Doctor* are best. But also refer
A Barefoot Doctor's Manual and *The U.S. Army Special*
rces Medical Handbook. This assumes that everyone, with-
t fail, will have a copy of *Gray's* and that the very best
chanic in the group of do-it-yourselfers is assigned the work.
a minimum, *Gray's* and a good mechanic are necessary.

A Hypothetical Scenario

Let's look at situation that I've had to handle on the farm
d one that you might be called upon to deal with also. A call
mes in alerting you that someone just smashed his thumb
ile attempting to set a wolf trap. A look in the mirror con-
ms that you are the medical person on duty because there is
doctor or other practitioner within reach. First, pull *Gray's*
natomy from the shelf and go to the section showing bones
d muscles of the hand. A medical dictionary will be helpful
r a layperson to understand the medical terminology.

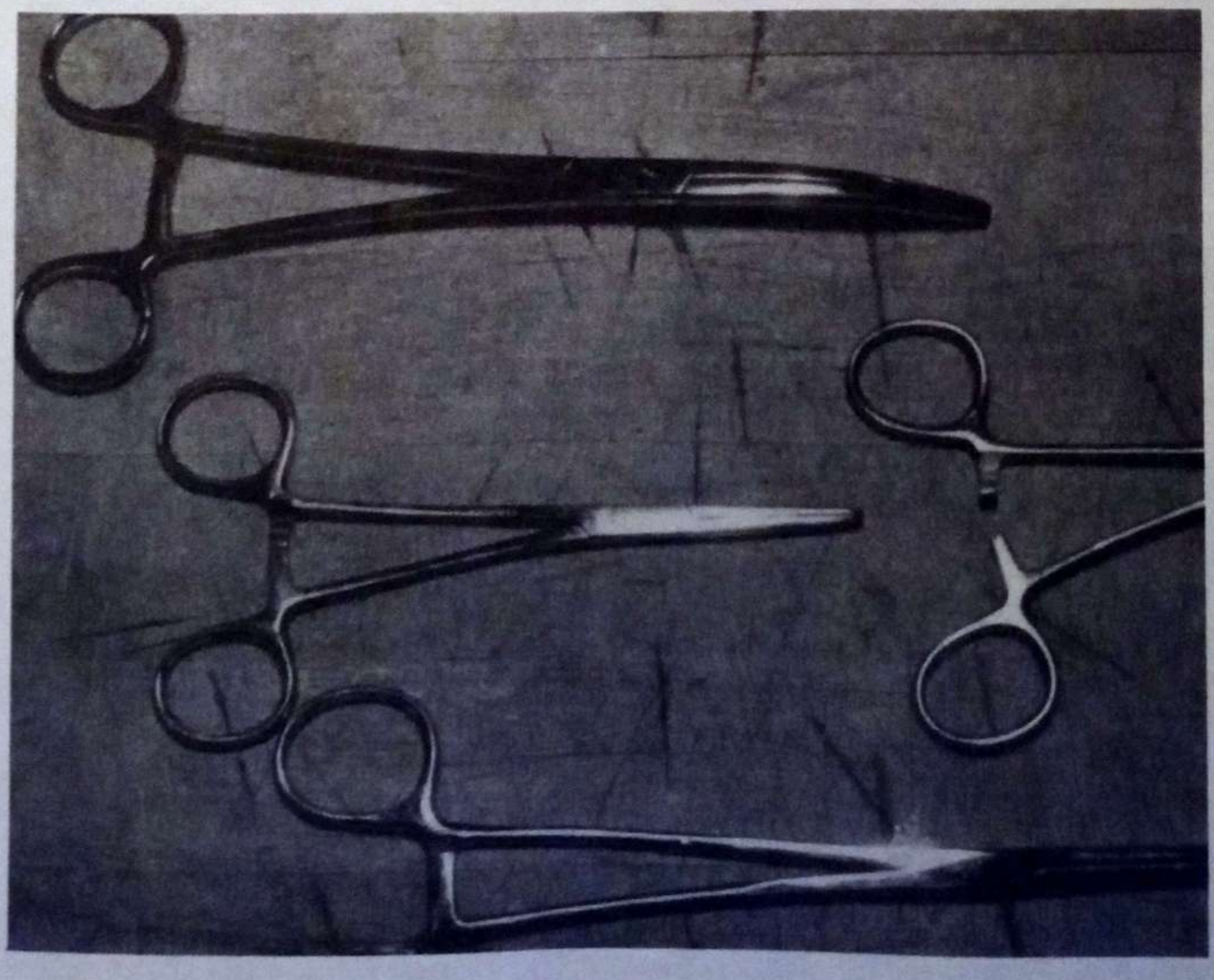
Digits (fingers and toes) are usually relatively easy, but this
umb proves to be a mess. Bone pieces are exposed, and blood
seeping from the wound. By the time the patient arrives, he is
ing into shock, mostly from the sight of his own blood.
uickly, make him lie down, with his feet slightly elevated, and
ver him with a blanket.

Locate the broken vein in the thumb and pinch it closed

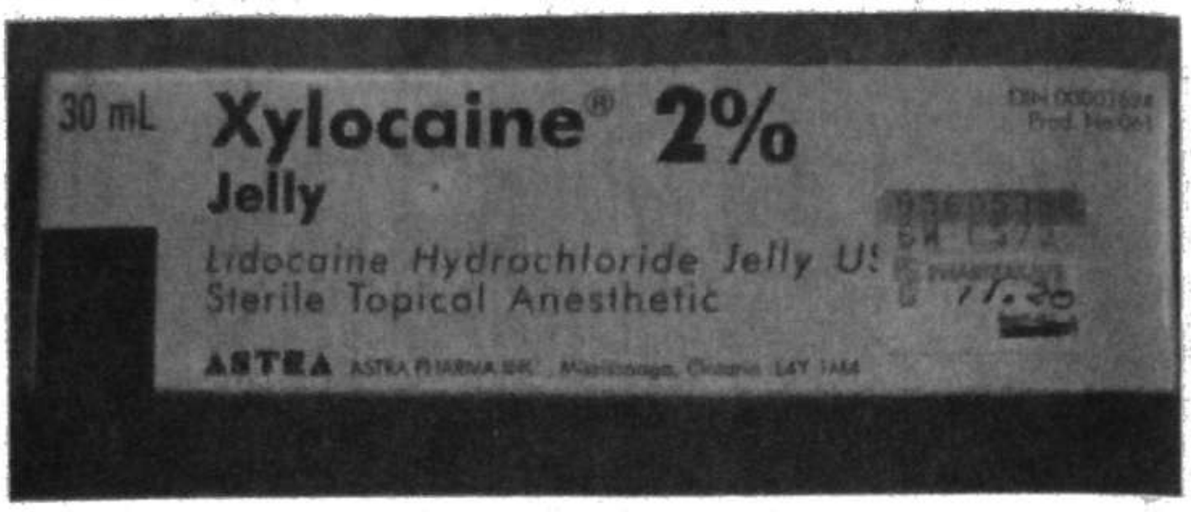


with a small, long-nosed clamping device known as a hemostat. Fortunately, you have some Xylocaine and, after consulting *Gray's* again, you place a small two-cc block in the nerve at the base of the thumb. The dose of Xylocaine is kept intentionally small because of the danger of causing irreversible nerve damage in the hand.

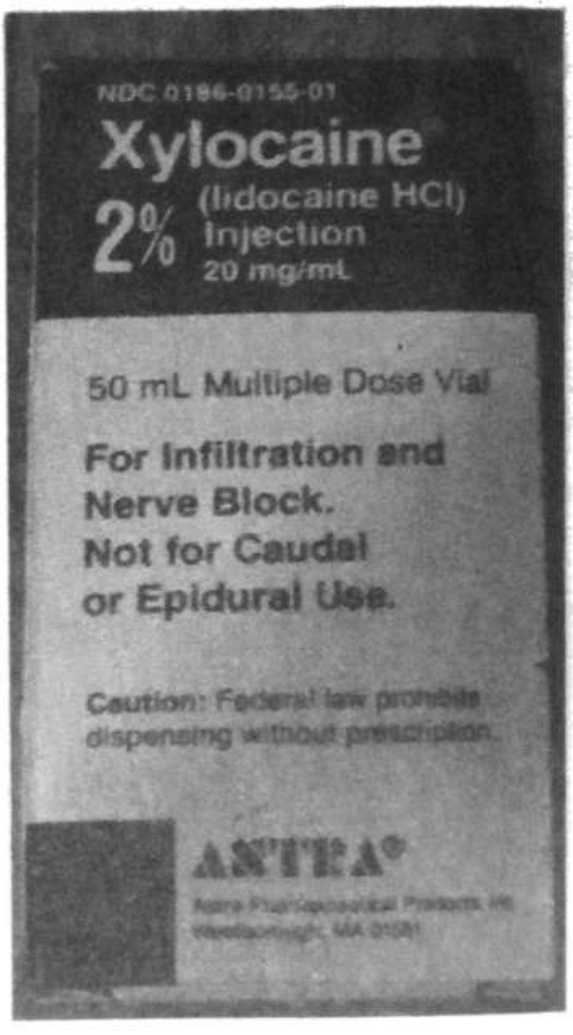
You call for help. What seemed initially to be a simple, straightforward procedure isn't. Extensive damage to the thumb may necessitate a nerve-blocking shot farther up the wrist, deep into a nerve. Back to *Gray's* again, for a suitable picture from which to work. An assistant arrives and starts to monitor the patient. He retrieves a bottle of Betadine solution (veterinarian-grade works nicely). Carefully and completely, wash the wound in this solution. It won't be possible to get the bones back in place perfectly, but it won't do to allow the fellow to lose his thumb from infection either.



Various-sized hemostats can be used to hold suture needles and clamp blood vessels



Xylocaine is available over the counter in Canada and Mexico. It is available in jelly for topical application and in injectable form for infiltration and nerve blocking. It can sometimes be combined with aspirin and alcohol to diminish pain enough to allow suturing.



Mercifully, the painkiller is working, the blood flow has stopped, and the patient is recovering from his shock. *Carefully*, relax the hemostat. There is still no blood, but the thumb is starting to swell. Working firmly but gently, encircle the damaged thumb with one hand, softly manipulating the bones back into some semblance of order, while pulling gently with the other hand. Your assistant keeps the digit moist with Betadine or distilled water.

All fractures and sutures must be thoroughly cleaned. Veterinary-grade products work nicely.

By now the thumb has started to take on a sickening squishiness, and it is swelling rapidly. Give the patient a stiff dose of penicillin (veterinarian grade) and three antihistamine tablets. In this case, use an over-the-counter preparation such as Dristan, Nyquil, or Drixoral. It will work to control the swelling about as well as more sophisticated prescription drugs.

It is time again to take your time in a hurry. All of the bone pieces and joint pieces seem back in place, as best you can do. Using two thin strips cut from a plastic soap bottle punched

Over-the-counter antihistamines are about as effective as prescription drugs to control bleeding when setting fractures.

full of holes and a roll of cloth torn from an old sheet, stabilize the thumb. The patient could be splinted in a regular veterinarian-type device, but in this case the home-built package is just as effective.

Because of damage to the joint, it will take at least six weeks for some healing to occur, and about a year for very much strength to return. Even when treated in a sophisticated clinic, some diminished use will occur with this type of injury. In this case, by deploying active, aggressive physical therapy, effective use of the digit will be cut by about 40 percent. You have, however, saved the use of an opposing digit and perhaps the patient's life, given the fact that infection in an untreated wound could have been severe.

A Real-Life Case

In the late 1980s, the Thai government became impatient with the Karen tribesmen, who lived on the frontier between

Thai army regulars direct a group of mercenaries on their northern border in an attempt to halt opium trafficking by the Karen tribesmen.

Thailand and Burma. They were running number-four heroin down out of the mountains through Thailand to points in Europe and North America. When the white powder simply ran straight through Thailand, official notice was infrequent, but some of it was starting to stick to seamier parts of Bangkok. Thai border guards were instructed to begin taking increasingly hostile measures to halt the drug shipments.

The Karens, upset that the border guards were intruding into their business affairs, planted land mines in the yellow, sticky dirt road running along a twisting mountain ridge on the border just north and a little east of Mae Son, Thailand.

Thai border guards defined tough. For field rations, they packed in live chickens, ducks, and pigs. Every square inch of their skin was covered with tattoos. They were a mixture of regular army and paid mercenaries, doing this work because they enjoyed it. But six border guards hit one of the land mines, flipping their canvas-topped Toyota Land Cruiser over on its back.

The driver was killed instantly when the steering column punctured his chest.

Thais are generally very good about hiding their emotions. But in this case, the young lieutenant in charge was furious, mostly because of the loss of his machine. I also liked these older model jeep-style Toyotas, but my feelings were for the tough little bastards inside the machine.

First, we strapped a guy with a badly hurt back to a stretcher with an old piece of foam rubber under the small of his back. Next, we secured a soldier with what we suspected was a crushed pelvis on a stretcher with a piece of foam taped between his thighs. I was beyond my level of knowledge, but the Thai soldiers seemed to know what they were doing. They tied his legs together with cloth strips to restrict movement. Three others had various broken limbs, but their condition did not seem critical.

By the time the medevac chopper got there, the fellow with the crushed pelvis seemed to be dangerously in shock. He and the soldier with the injured back were flown out first. Incredibly, the other three with lesser injuries did not complain about their not being evacuated to Chiang Mai for treatment. Their treatment, it seemed, met their expectations.

I stayed to assist a medical orderly assigned to the three walking wounded who remained. He gave them two oral medications. One he said was a type of raw opium, which he meted out by pinching off the correct amount from a large, rubbery reddish-tan ball. Second, he administered what I suspected was a common-cold pill for inflammation. Language problems precluded me from knowing for sure.

After tying the upper arm of one of the wounded to a big, rough-cut wooden chair in which the patient sat, the medic carefully manipulated the bones entirely by feel, while I sat gently tugging on the limp member. Satisfied that everything was in order, he placed the damaged arm on a plastic trough-like affair before binding it in place with strips of muslin sheet dipped in white plaster powder. Stenciled in one corner of the sheet was Chiang Rai Hotel.

We treated another arm and leg about the same, except that

we tied the leg to a stretcher before working it around to its correct position. I knew that these border guards were tough, but their stoicism was still impressive. Other than the Land Cruiser and the fatality, little mention would be made of the incident.

STITCHING WOUNDS

I learned to sew up deep wounds on the farm practicing on pigs, sheep, and, occasionally, horses. This experience came in very handy in Africa and later in Asia.

The first step when treating a patient suffering severe cuts, abrasions, or gunshot or stab wounds is pain management. Sometimes it is surprising how well certain people manage pain as compared to others. One such example is Evan O'Neill Kane, who did his own appendectomy and two years later repaired his own hernia. Apparently he simply lay in bed and sutured up his own incision.

If you are pressed into medical service, sedate the patient as much as possible, and then clean and wash the wound thoroughly. Called debridement, this procedure includes trimming away hopelessly damaged flesh and, if necessary, cleaning out gravel, pieces of shrapnel, shards of clothing, or bullets. Bleeding can be controlled by clamping or tying the veins or, if the wound is relatively small, by using blood-stopper medication. (Some veterinary preparations are absolutely miraculous in this regard.)

Wash the wound thoroughly using Betadine solution. Do-it-yourselfers are advised to wash two or three times as a result of their inexperience doing this sort of thing. If available, treat with Betadine ointment, mastitis medication, tetracycline ointment, or common powdered sugar.

Other than the sugar, all of the preparations are available from veterinary supply stores, either mail order or over-the-counter. Mastitis medications or common sugars are so effective it is amazing. Using sugar for wounds can be traced back to the use of honey to treat sword wounds during the time of Alexander the Great and during biblical times, when the risk of

infection was high and knowledge of drugs minuscule. Perhaps surprisingly, sugar is fantastically effective, especially when compared with modern antibiotics. Those using sugar must clean and repack the wound at least three times a day until substantial healing is obvious. Normally, this takes about three or four days, provided the wound was initially cleaned with sterilized instruments.

Deep wounds are sutured on two levels. Absorbable sutures are used deep inside to close the muscles. It is important that no open spaces or pockets remain to act as reservoirs for infection. Use a style AA number 14 or 16 suture needle for this work. AAs have a 3/4-inch circle. Number 14 or 16 needles are quite tiny. Suture material comes in various diameters. For internal work, use the smallest available, probably a size 3-0 if using veterinary products.

Suturing needles, for those new to this business, are held with a hemostat or its near cousin, a regular stainless steel nee-

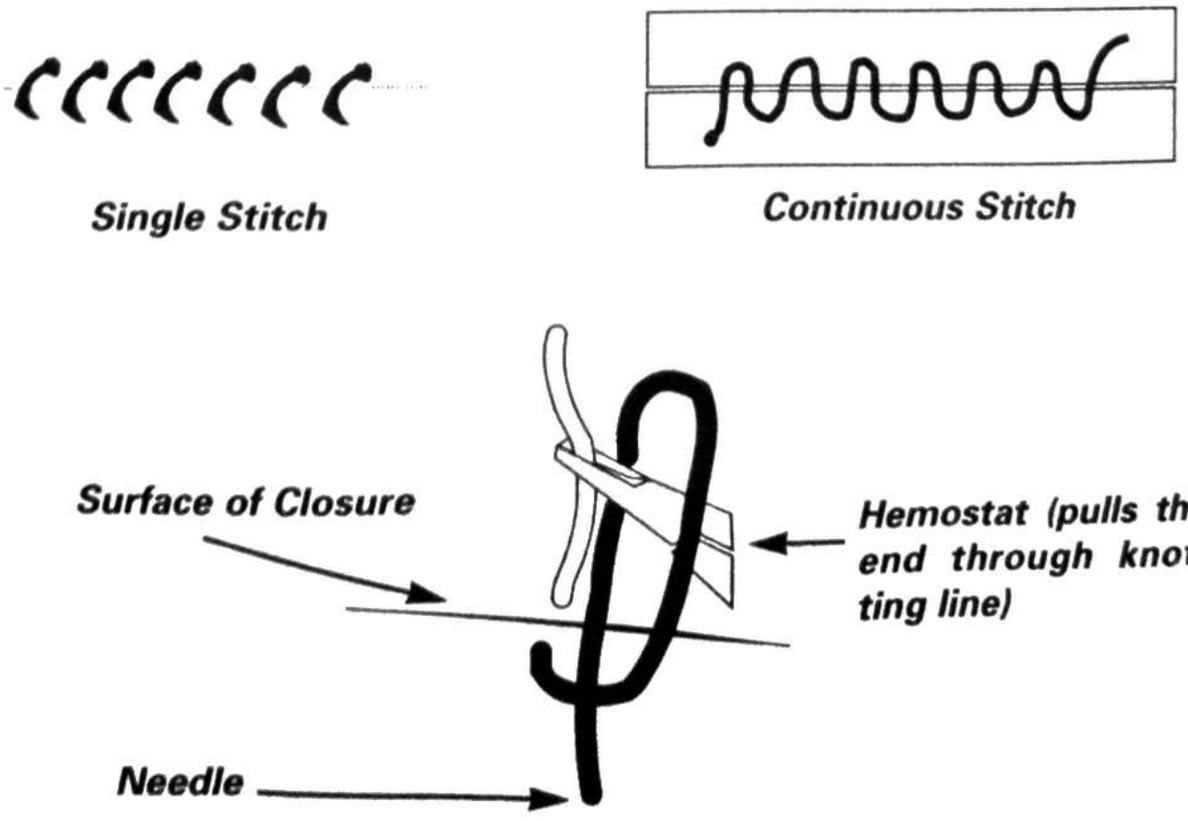
Even veterinary-grade sutures now come in sterilized packets. Shown here is a packet of internally dissolving suture material in size 3-0. Higher numbers indicate smaller diameter suture material.

dle holder. Flesh wounds become hopelessly dirty and bruised if you try to grasp the needle with your fingers.

Deep wounds heal better when a drain is installed during suturing. Use a two-inch segment of new plastic soda straw sterilized in a microwave for 15 seconds. Secure the straw deep at the bottom of the wound, sloping outward in a downward direction.

Close the outside of the wound with regular veterinary-grade, nonabsorbing suture material. Stitching humans is done either by continuous loops, much like sewing a pant leg closed, or by neat, interrupted stitches, each tied with a knot of its own. Regular medical people use continuous-loop and tie suturing most frequently. These types of stitches are easier to maintain; provide a neater, more customer-satisfying wound repair; and are just as fast.

Interrupted stitches are done by passing the threaded needle through both sides of the wound, drawing the suture material through till only about an inch of tail remains at the entrance side of the stick. Loosely loop the suture thread around the nee-



Loop the suture material around the needle holder. Reach through and pull the tail through, creating a knot. Cut the suture and repeat until the wound is closed.

dle holder (hemostat). Reach through to the loose end and pull it through the loop, creating a knot. Medical students, including future surgeons, practice sewing up cuts in oranges. Once mastered, this procedure is fast and very neat.

All of this medical hardware—needles, suture material (both dissolving and removable), stainless scalpels and blades (used for debridement), and sterile gloves that must be worn during these procedures—are easily available from veterinary-supply outlets.

After the wound is closed, the patient must be given a serious dose of antibiotics to ward off infection. Depending on the nature of the wound, this may include both oral and injectable

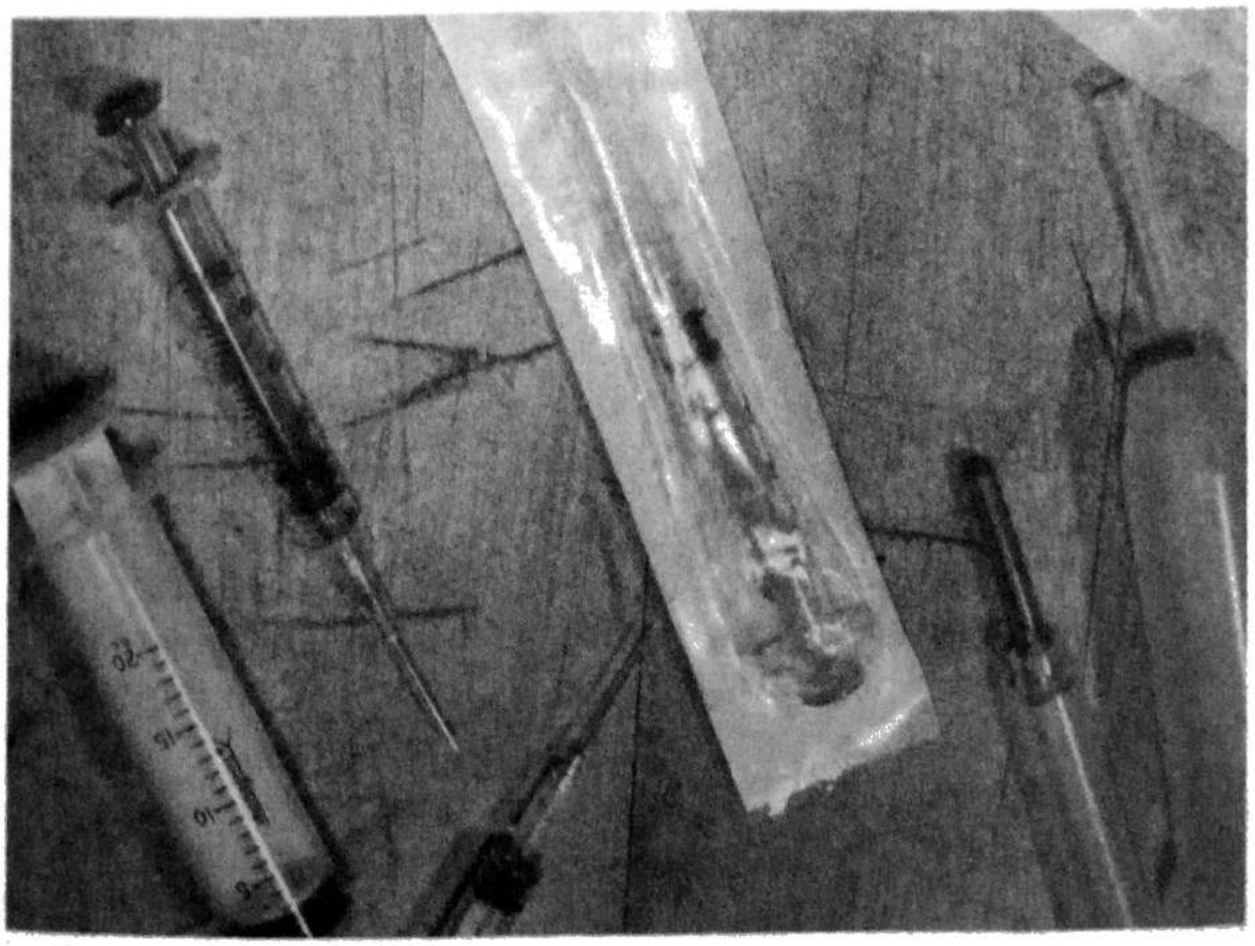
Absolute cleanliness must be maintained when stitching wounds. Latex gloves used by veterinarians are a good inexpensive choice.

antibiotics. Consult the texts and instructional material accompanying the antibiotics. A dose for a medium hog is usually correct for an adult person.

The dosage is usually half a million units of penicillin or Tylan orally and half a million units intramuscularly (hypodermic injection). It is the field of antibiotics that has made the tremendous difference in recovery times, between those before World War II, when too many victims developed serious gangrene infections and died, and those now when recovery can be quite rapid. Don't hesitate to pack in the antibiotics. Easily acquired veterinary supplies are as effective as those available in a regular medical clinic.

A Real-Life Example

I was hunting elephant out of a spike camp on the Somali side of the frontier with Kenya when the following occurred. If I hadn't been told of the incident, I would never have known the



Controlling infections is much easier when using disposable veterinary-grade hypodermic needles and syringes.

wound was caused by a 7.62x39mm AK-47 round. It looked like a massive cut on the Somali Shifta warrior's side. It was still weeping blood, and I could see white pieces of ribcage in the wound when the fellow showed up in camp early one morning, assuming that we would provide some care.

Using a bit of African psychology, we explained that medications we were giving him would put him completely out and asked if he approved. Sure enough, in five minutes, he was happily lying on his side, singing softly. All we gave him were four Tylenol 4 capsules that he washed down with a Coca-Cola. It was his first taste of Coke, and he just knew in his heart that it was powerful medicine.

After washing the wound with water and Betadine solution, we found it to be surprisingly neat (it isn't for nothing that AK rounds supposedly hold the world record for nonfatal casualties). It was more of a cut that a smash or puncture. Keeping flies out of the wound was our biggest problem until we assigned the camp cook the sole duty of shooing them away. Then it was dust raised by his fly swatter.

In this case, because it was all that was available, we used veterinarian-grade pinkeye medication and sugar to treat the wound. I was very apprehensive about cutting out pieces of bone, but no way of realigning them seemed workable.

As I recall, we used about 15 stitches to close up the hapless fellow. We heavily bandaged the wound. All through Africa, a much heavier bandage than usual is used to keep dirt out. Extensive bandages, I found, helped keep the wound clean during the first few vital days of healing.

We also gave the Somali warrior a massive shot of penicillin. In southern Africa, most soldiers also have a case of venereal disease (VD). These people respond extremely well to antibiotics, but any antibiotic we administered had to overcome VD as well as infection in the wound or from the surroundings. Living conditions are so filthy it is incredible. For instance, some have their huts inside cattle kraals where the manure is actually knee deep.

Not all serious cuts require painful sutures, and this is fortunate when painkillers are unavailable. In this case, thorough-

ly clean and wash with disinfectant, and then close the wound with a long strip of adhesive tape. If the wound will not close neatly and tightly without internal pockets by using tape alone, it must be sutured. Taped wounds are tougher to clean and inspect, but use whatever is on hand at the moment.

Older wounds left open 12 hours or more probably cannot be sufficiently cleaned to allow immediate suturing. In these cases, clean and debride and treat with antiseptics and antibiotics. Betadine, mastitis, or pinkeye medication and sugar all work well. Allow the wound to clean and clear itself for three or four days before suturing it closed. During World War II, this waiting procedure was common for most gunshot wounds.

Many excellent texts are available to the do-it-yourselfer with detailed instructions how to sew up various types of wounds. Avoid last-minute trauma. Read this information now before you need it.

5 BURNS AND EYES

BURNS

Red volcanic rock crushed to pebbly shards and spread over the sticky, greasy, wet mud only marginally helped my footing. Even on little grades, I slipped and slid obscenely as I minced my way up the path toward the clinic. And the load of crushed rock ran out before reaching the humble little chocolate-brown brick shed at the knoll. Rain and fog transformed what was normally perilous footing into really treacherous going.

Unfortunately, it was no longer practical to drive to our clinic because earlier rains had cut a deep gully down through the road. Recent gravel was, at best, a Band-Aid for the wound. But this didn't slow Samburu villagers. A great, long queue was already formed of the lame, the sick, and the injured. Most of the people needed treatment for anthrax, burns, tuberculosis, eye infections, or VD that was raging through the village. Some of those maladies were relatively easy to differentiate. Others,

such as burns and anthrax, were not—especially out in the field. Fortunately, almost everything I was called on to deal with there in the shadow of Lake Rudolf (now Lake Turkana) in northern Kenya responded well to the same treatment. I dispensed hundreds of cc's of veterinary-grade penicillin per day because it was all I had. There were some real successes, which I still look back on with pride.

Kids had fallen in fires or stepped on red-hot stones. Women were careless with their cook pots and kerosene lighting oil; men spilled battery acid on themselves, picked up recently welded metal parts, or were careless with gasoline. My experience was not unique. Others report they are often called upon to treat serious burns in similar circumstances. In a survival or paramilitary context, serious burns are about as common as cuts and breaks.

Treating burns is bittersweet. Most patients respond well to modern medications, but intermediate pain and anguish are tough for most people to deal with. Severe burns are some of the ugliest wounds you'll ever see, and they are the most dangerous if handled improperly.

Almost everyone knows that burns are classed by degrees: first, second, and third. A first-degree burn is a mild burn characterized by heat, pain, and reddening of the burned surface but not exhibiting blistering or charring of the tissues. A second-degree burn is one marked by pain, blistering, and superficial destruction of the skin with accompanying swelling and blood. A third-degree burn is characterized by destruction of the skin through its deeper layers and possibly into underlying tissues, loss of fluid, and sometimes shock.

A close friend working in a college metallurgy lab heated a mineral sample for three days in a porcelain crucible. It was his final project for a one-semester lab. Minutes before concluding the experiment and weighing the material for the last time, he klutzed and knocked his apparatus down. Displaying incredible desperation, he caught the red-hot crucible in his fingers, successfully and speedily moving it to a counter unharmed. In all the world, there is little that approaches the repulsiveness of the

smell of burning flesh. Lots of that smell immediately permeated the lab.

Third-degree burns usually do not hurt horribly, at least not until destroyed nerves start to repair themselves. If the burn is contained to a limited portion of flesh, such as on a hand, shoulder, or a bit of foot or leg, the victim may not even acknowledge serious wounding.

In my friend's case, the burns penetrated the skin, destroying portions of muscle and immediately killing nerves. Charred fingerprints were plainly visible on the crucible. The hapless fellow stood there for perhaps five minutes, running his hand under cold water, looking at his lab project. Running burned members under cold water to limit damage is appropriate; catching a red-hot crucible is questionable. His burns were third degree.

A few weeks later, a woman in the chemistry lab tipped a pot backward, spilling scalding water on her hand. Her hand immediately turned a bright lobster red, but did not char or blister. Her burn was a first-degree one.

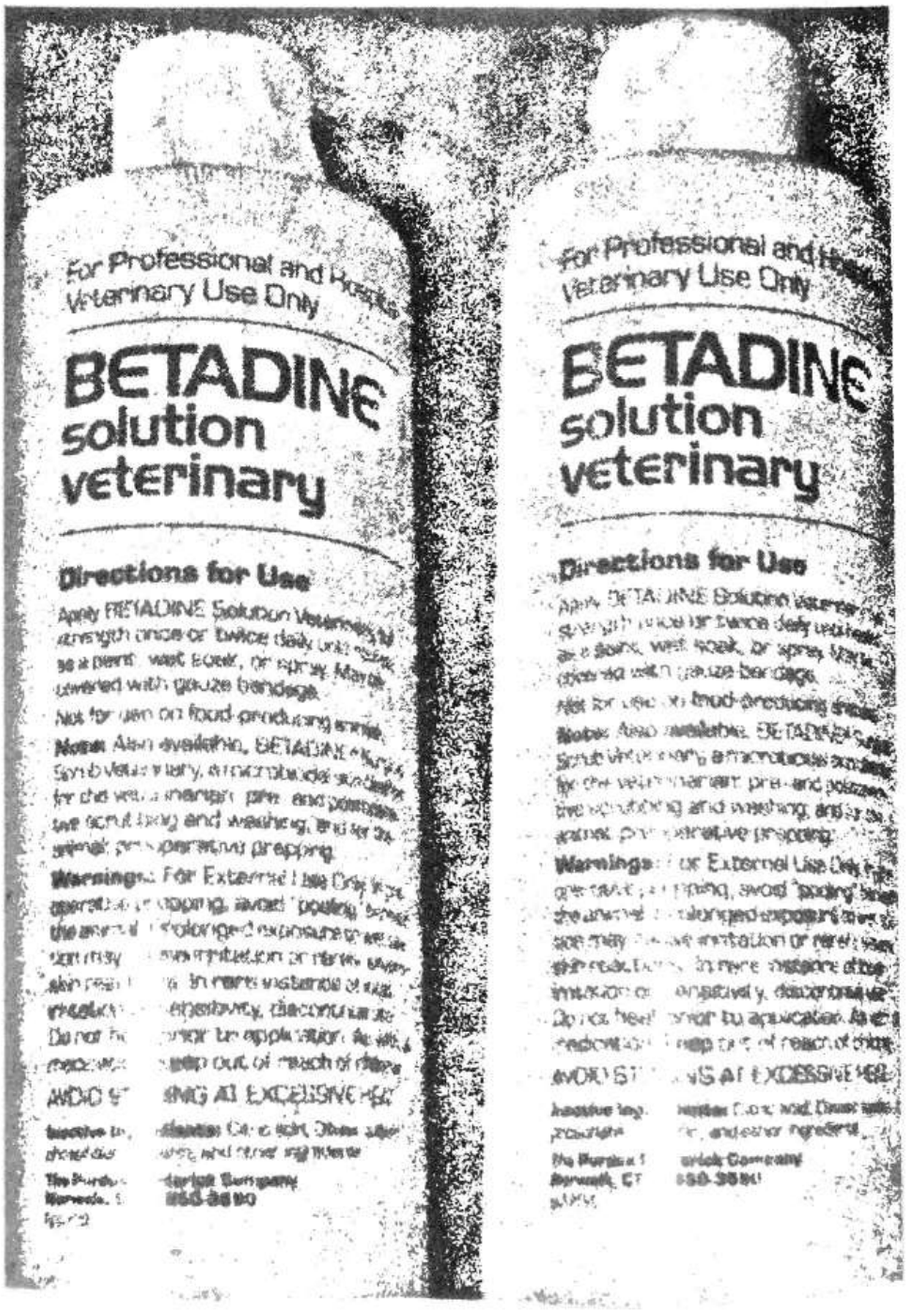
No matter what the definition or degree, all burns are ugly and touchy to doctor successfully. Three immediate problems confront the do-it-yourselfer dealing with burns: infection, dehydration, and swelling. But before looking at these intermediate problems, caregivers must address the immediate problems of removing the source of the burn and preventing shock. Removing the source of a burn sounds so simple that it is reflexive. "Pull your hand away from the flame," you say. But what about common chemical burns? It's better to cut the clothes away and then wash the affected area for at least 10 minutes. In the case of flammables such as oil and gasoline or even hot cooking oil, removal must be immediate to prevent an explosion.

Shock is handled by having the patient lie down with his feet slightly elevated. Place blankets or sheets on and below the victim in such a way that they do not abrade the damaged area. If possible, attempt some pain therapy. During the Civil War, wounded soldiers were given a stiff shot of whiskey to control shock. Wrong thing to do! Even though dehydration is a very serious problem for burn patients, do not administer

liquids at this time. Wait for the shock to pass before starting fluid therapy.

In the case of extensive serious burns on vital, sensitive portions of the body such as the face and throat or genitalia, internal organs may start to shut down. Just hope that extensive burns are not accompanied by other wounds, including cuts, broken bones, and gunshots.

A number of immediate steps must be performed by caregivers handling burn cases. The first is to clean the burned area and keep it clean. After soaking the area in cold water, gently wash it in Betadine solution. This may take your entire supply of Betadine, but a person's life may be at stake. Veterinary-grade Betadine is relatively easy and cheap to acquire.



Betadine solution is invaluable for cleaning burns and is relatively inexpensive when purchased at an animal health center.

Start immediately with maximum doses of antibiotics, both oral and intramuscular. Use veterinary-grade penicillin or Tylan injectable and high-potency calf scours pills. Adjust dosages to the weight of the patient based on recommendations in your text books.

Additional dosages may be required as frequently as hourly. Without significant portions of skin functioning as a filter, the victim has little means to ward off infection. You also have to be concerned with tetanus, so use whatever medicines—veterinary or conventional—you have to inoculate the victim.

Opinions about burn treatment change rapidly. Current thinking suggests that burned areas should not be bandaged in any way. Periodic light treatment with a Betadine solution is recommended. Bandages are applied if ambient dust or germs are a potential problem. But without massive amounts of powerful antibiotics and absolute cleanliness, this open-air treatment of burns is impossible.

Even relatively mild burns can quickly become infected in warm climates or in dirty conditions. Massive amounts of strong antibiotics are needed in these circumstances.

Always wear throwaway latex gloves when treating even relatively minor first- and second-degree burns. Keep recovering patients in a bed or hammock protected by a sheet to keep out bacteria.

As already stated, dehydration is an extremely serious problem facing burn patients. Rehydration using intravenous methods and solutions is best if someone in the group knows how to do this work. Consult your medical texts for exact formulas if this process is necessary and possible. Veterinary-grade electrolytic solutions designed for treating hogs can be modified for use on humans.

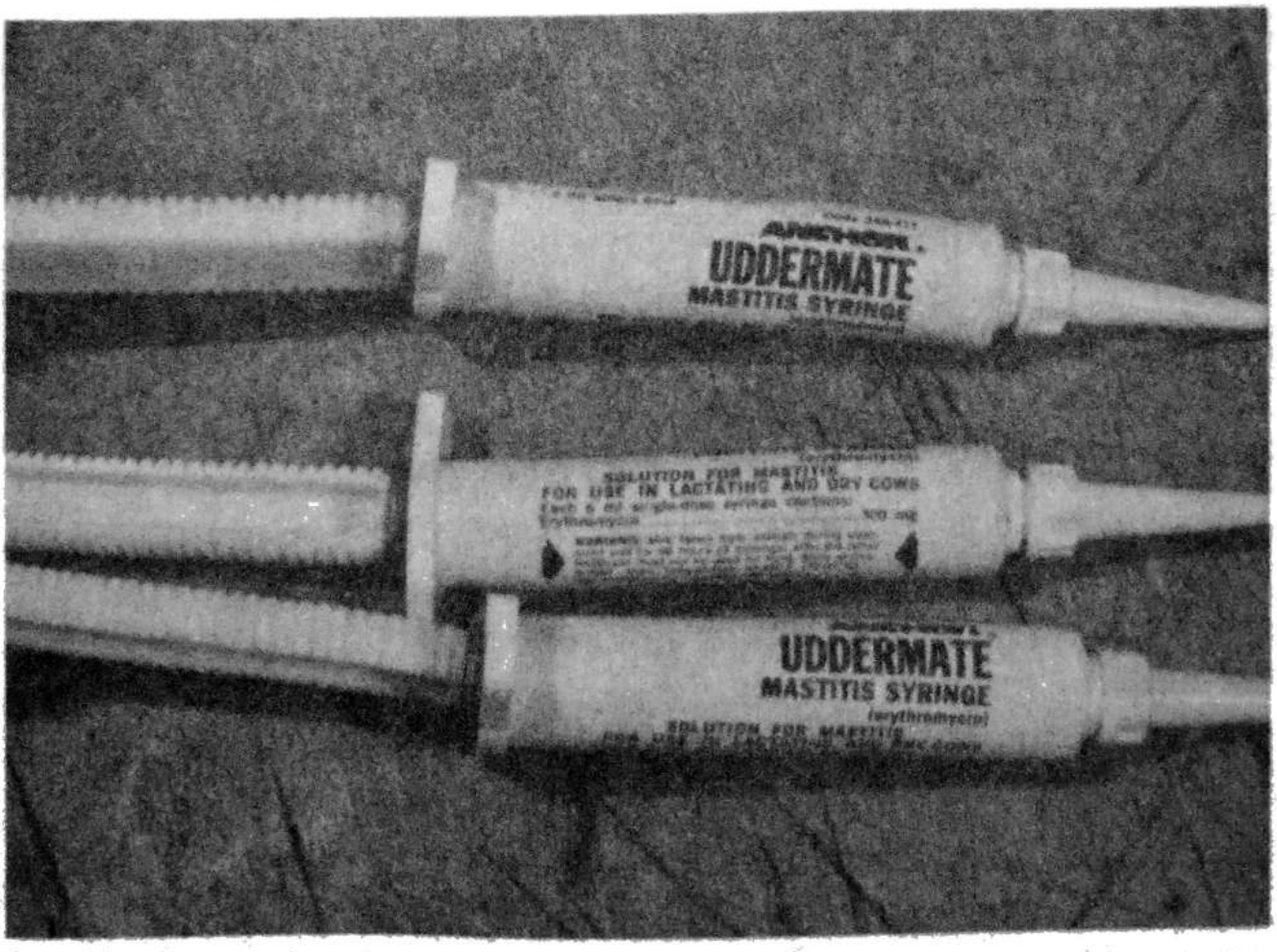
Otherwise, after the danger of shock has passed, make every effort to get great quantities of liquids into the patient orally. Evaporation loss through damaged skin as well as seepage of plasma may, require that from two to six quarts of water be given to the patient daily, depending on the severity of the

Veterinary-grade medications can be used to inoculate a burn victim against tetanus.

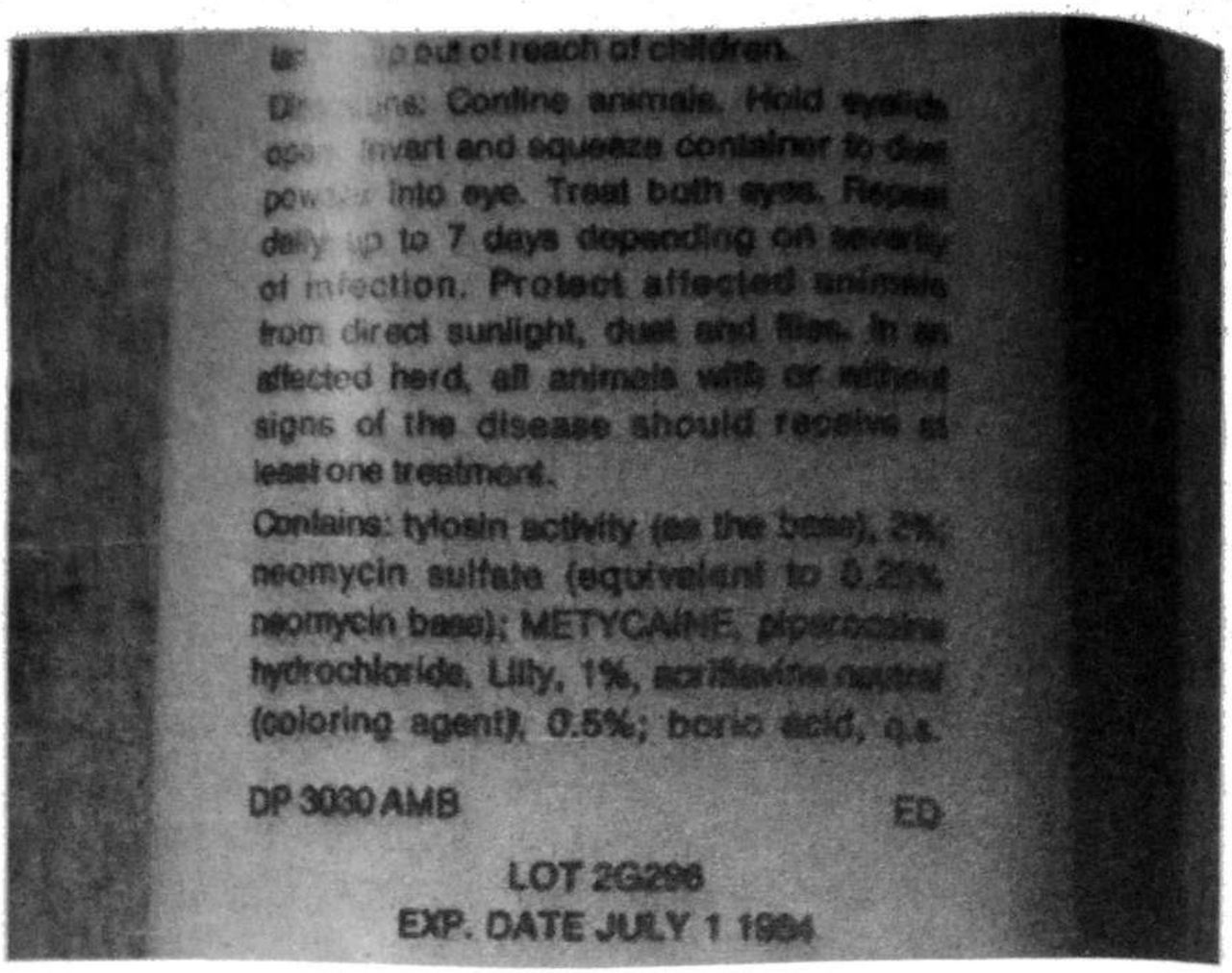
burns. Mix one-half teaspoon of common table salt and one-half teaspoon of baking soda in each quart of water. Monitor the patient's urine output closely to ensure that sufficient liquids are passing through.

As quickly as possible, give the patient about 600 milligrams of any good anti-inflammatory drug containing ibuprofen to help control swelling. Nuprin, available off the shelf even in the United States, is very good for this purpose. Monitor the patient closely, and repeat the dosage every four to six hours.

If available, continue to administer painkillers. Even aspirin is helpful if no Tylenol 3 or 4 is available. Xylocaine, if available, can be used cautiously as a nerve blocker, allowing the patient some sleep so long as maximum daily dosages are not exceeded. In some cases, on some wounds, cleaning and debriding may be more comfortable if the affected member can be deadened with a lidocaine-type injectable. Lidocaine salves,



Medical do-it-yourselfers should read labels of easily available veterinary-grade pharmaceuticals carefully. Mastitis medications contain ingredients that are very effective for burns.


out of reach of children.
Confine animals. Hold eyelids
invert and squeeze container to dust
into eye. Treat both eyes. Repeat
up to 7 days depending on severity
of infection. Protect affected animals
from direct sunlight, dust and flies. In an
affected herd, all animals with or without
signs of the disease should receive at
least one treatment.
Contains: tylosin activity (as the base), 2%;
neomycin sulfate (equivalent to 0.2%
neomycin base); METYCAINE, piperazine
hydrochloride, Lilly, 1%, acriflavine neutral
(coloring agent), 0.5%; boric acid, q.s.
DP 3030 AMB
ED
LOT 2G296
EXP. DATE JULY 1 1984

The label indicates that this Tylan Plus Neomycin Eye Powder medication for pinkeye is too strong for humans. But diluted a bit, it is wonderful for wounds and burns.

available over the counter in virtually any place in the world except the United States, can help manage the horribly excruciating pain.

Relatively wimpy commercial burn medications available over the counter in the United States, such as Solarcaine or Polysporin, are okay if nothing else is on hand. However, excellent veterinary products with virtually miraculous qualities are easily obtainable. Look for medications containing sulfadizine, Sulfamylon, and Silvadene. These may be in skin ointments, pinkeye medications, mastitis medications, or even wound dressings. If the medication you require comes dry in a small plastic 500-gram pouch, don't despair. Use distilled water and Vaseline to make up a suitable dressing. Saying exactly which product to purchase is impossible because it is impossible to predict what local animal health dealers have on their shelves.

It's a lead-pipe cinch that doing this work successfully will

Although it may be necessary to read the label carefully and dilute the preparation, this sulfadimethoxine veterinary product is very good for treating burns.

require that you know how to read labels. Even basic blue wound dressing formulated for horses is better than Bacitracin or zinc oxide that can normally be purchased from a drugstore in this Land of the Free.

Treating burn victims is especially tricky, so I'd like to recap a bit:

1. Isolate and remove the cause of the burn.
2. Using a very mild saline solution or, even better, Betadine solution, gently and completely clean the wound. Wear sterile latex gloves.
3. If antibiotics are available and keeping the wound clean seems possible, do not cover or bandage.
4. Give the patient anti-inflammatory drugs and maximum doses of both oral and injectable antibiotics.
5. Exercise great vigilance for shock, which is virtually universal in the case of serious burns.

6. Don't use alcohol as a painkiller. Administer whatever is available even if it's only plain aspirin or Tylenol.
7. After shock is under control, encourage the patient to take lots of liquids. Mix water with one-half teaspoon each of salt and baking soda per quart.
8. Treat with surface medications containing sulfadizine, Sulfamylon, or Silvadene, as available from conventional or veterinary medical supplies.
9. Keep burned area isolated and clean, wash often with Betadine, repeat internal antibiotic treatment, and keep the victim drinking fluids.

EYES

Eyes are included in this same chapter with burns because similar medications are often helpful for both. Most sulfa compounds found in the animal health section of farm stores are useful for eyes.

Eye problems do not occur quite as frequently as burns. Some serious traumatic injuries to the eyes are not successfully treatable by do-it-yourselfers, if the criterion is to save the victim's eye or eyesight. Severe eye injuries can easily lead to infection and even loss. In that regard, if the do-it-yourselfer can save the victim's life, even if the eye is lost, he has been successful. This is especially true if, as we suppose, no alternative treatment exists.

Fortunately, most injuries to eyes involve foreign objects with resulting irritation and infection that can be treated by amateurs. Remove foreign objects by stabilizing the head among pillows, using a cotton swab or a small pair of tweezers and a steady hand to mop up the offending chunk. A small shop or kitchen magnet can sometimes be used to pull metal shavings from an eye. Be certain to sterilize the magnet. Bandage the injured eye for 24 to 36 hours after removing the debris, giving it a chance to heal.

A small dose of penicillin or tetracycline or Tylan, as found in calf scours pills, mastitis medication, or pinkeye medication, works wonderfully—provided that adjustments in unit doses are made for humans. Consult your library, especially the *Nurse's Guide*.

Some veterinary-grade pinkeye medications are too gritty and tough. In Africa, where flies spread eye disease with great intensity, when I had no other medications, I dissolved pinkeye medications in water, mixed it four-to-one with Vaseline, and administered it. Later I got some mastitis medications, making life a bit easier. Also look for vet-grade tetracycline salves that can be cut down appropriately for use in human eyes.

In the case of eye trauma, it may be appropriate to use oral, injectable, and eye-type antibiotic compounds.

Treating eyes is tough. But even some very bad blows to the face and eyes can be somewhat healed by cleaning the wound thoroughly with water, treating with antibiotics, and immobilizing the patient's head for a number of days.

In one case in Africa, I treated a tribesman in a very remote area up on the Sudanese border who had a bad flyborne infection to both eyes. I cleaned out his eyes with Betadine, packed in reformulated pinkeye medication, and bandaged both tightly shut in an attempt to prevent him from rubbing them, keep flies from continuing to crawl around in his eyes, and give the eyes a rest. I got both his younger and older wife to promise not to take the bandages off and to bring him back to me in two days for additional treatment. After a day, however, the younger wife came running over with news that the fellow had taken the bandages off. I ran after her to find him sitting in his hut, rubbing his eyes with an incredibly filthy piece of old wool sweater. Using an old, wooden chair leg, I beat the crap out of the guy until he promised not to disregard my medical instructions again. He recovered well enough, but you must deal with various people differently if good results are expected.

6 SOURCES OF PHARMACEUTICALS

Survivalist's Medicine Chest is also about unconventional sources of medical supplies. But on-the-ground conditions have changed dramatically since 1982, when I wrote that book. Laws and opinions have changed, shifting the acquisition process dramatically. In some specific instances, the opening of additional supply sources has occurred; in others (veterinary pharmaceuticals in particular), a distinct tightening has ensued.

Although many subcategories exist within the following list, these are the principal sources for self-reliant people to check into:

1. Contacting distributors who have no clue that their goods will be used for medical purposes.
2. Importing pharmaceuticals from pharmacies in countries outside our borders, where access is much freer, easier, and cheaper.
3. Using veterinary medical products still available off the shelf at your local animal health center.

4. Purchasing medical hardware from paramilitary and survival-type outlets that have sprung up around the country.
5. Locating regular medical practitioners who have come to view their state-enforced monopoly as being unhealthy in an allegedly free society and who will help self-reliant friends when approached correctly.
6. Using modern computer technology to counterfeit licenses, permits, prescriptions, and other printed forms, allowing common people to acquire medical supplies through conventional channels.
7. Planning ahead and deploying conventional means to amass and stockpile needed pharmaceuticals and medical supplies.

Using two or more of the above techniques, practically anyone willing to work and plan will be able to put together enough needed medical supplies even though some of these materials are very tightly controlled.

Although I personally have a very libertarian view of narcotics, this book is about pharmaceuticals and medical supplies and not heroin, cocaine, marijuana, or other recreational drugs.

After having established simple ground rules, two issues invariably pop up: the safety of using drugs designed for animals on humans and the wisdom of treating yourself or your family members.

"Vet medical supplies are for horses and dogs," you say. "I am not a horse or dog. How can these pharmaceuticals be safe?" I have tried unsuccessfully, to date, to trap politically correct people who generally favor more government control and who refer to nonhuman animals into this debate, but that is another issue.

Veterinary medical supplies are formulated for hogs and chickens, but, more important, they contain pharmaceuticals identical to those commonly used for human consumption.

Many useful pharmaceuticals identical to those used by humans are freely available at your local animal health center.

Absolutely no difference exists between veterinary pharmaceuticals and human drugs in terms of quality and cleanliness.

Practically all veterinary students do field trips to drug-manufacturing facilities, where they see identical vials of material coming down off the line split into two flows. One stream of product receives labels for human consumption, the other for animal consumption. Absolutely no trained veterinarian I know is afraid to use veterinary products on humans because of sanitation or purity problems. In fact, a lot commonly use these products on themselves and their families.

The only trick to using veterinary pharmaceuticals is learning how to read the label on the bottle or packet. Users must know how to translate dosages and densities to recommendations taken from texts. For instance, if *Current Medical Diagnosis and Treatment* says 400,000 units of penicillin and the bottle of veterinary antibiotic says there are 300,000 units per milliliter, how many cc's do you administer? This is not a dif-

Veterinary-grade medicines are usually prescribed in larger dosages than those recommended for humans. You must adjust the dosages for humans based on the data in your reference books.

ficult equation, but as a result of my knowing what's going on, I have caught regular medical doctors in errors on several occasions.

There is still the question of taking responsibility for doctoring oneself or loved ones. I hope that readers have, ultimately, come to realize that full responsibility for any of our actions—good or bad—falls not on government, doctors, teachers, preachers, or parents but irrevocably, completely, absolutely on ourselves.

Regarding medical treatment, Americans have largely become a nation of sheep. Citizens of virtually every other country in the world take better personal responsibility for their medical requirements than Americans. Foreigners may consult with their pharmacist (who in most foreign lands acts in a greater advisory capacity than in the United States), their medical doctor, their church leader, and, most commonly, with other

family members and friends. In the United States, we often leave this entirely up to our doctors, who, by default, assume the role of God. Many Americans don't even look up information on medications they are taking. In fact, astounding numbers of American families do not even have copies of *Delmar's Nurse's Reference Library* or *Physician's Desk Reference* in their homes. And people have the effrontery to tell me that I am taking risks with veterinary pharmaceuticals!

People who cannot and will not learn to read pharmaceutical label, as well as relevant medical texts, should not become involved in do-it-yourself medicine. That is a completely personal decision. Members of the medical cartel will love you if you decide to abdicate personal responsibility. Yet, in that case, one can only wonder why you are reading this book.

"Why take the risk?" many readers have asked. In real life, there is little, if any, additional risk over and above placing implicit, complete faith in a real medical doctor. Also keep in mind that for many of the things we do and in many of the places we go there are no medical doctors. This is especially true if we include the added qualification of finding a truly trustworthy, competent doctor.

Cost and availability are other major factors favoring getting your medical supplies from overseas sources or animal health centers. Bureaucrats at the FDA have successfully kept many superlative drugs from the U.S. market. Mandatory testing costing $300 million or more per drug effectively precludes many excellent pharmaceuticals with limited markets from being introduced in this country. Beta-blocker drugs, which are extremely effective for treating arthritis and have been used in Europe for 10 years or more, are good examples. If these drugs are ever released in the United States, they will cost four times what they do in Europe because of our own extensive testing requirements.

Bringing in your own pharmaceuticals from abroad will save a bundle as well as make a great number of otherwise unavailable, perhaps life-saving, materials available. An old family friend, who is a physician, first sensitized me to this real-

ity. He told me that each year he traveled to the Orient, principally to return with pharmaceuticals he used to alleviate the pain suffered by his elderly mother. Before 1988, when it became legal to personally import most nonnarcotic drugs, he brought his supplies back mostly illegally, quietly tucked away in his suitcase among souvenirs. He claims he was never challenged regarding what at the time could have been some very illicit activity.

Currently, we have the AIDS activists to thank primarily for the fact that importation restrictions on AIDS drugs and other drugs have been relaxed substantially.

Some nonnarcotic drugs are still completely banned for purely political reasons: laetrile (claimed to be ineffective and a waste of naive people's money), Colgate Dental Cream with Double Fluoride (probably banned because the same people who saw fluoridation of municipal water to be a Nazi plot squawked), and Rosoxcin (a two-pill cure for gonorrhea, about which authorities are uncertain whether it is banned or simply not licensed in the United States); the fact that it is not available is probably because it makes killing the clap easier and more certain than dealing with headaches. These are three excellent examples of drugs on the FDA's list of banned drugs.

Unconventional sources of materials with potential medical applications include getting chloroform from chemical suppliers, cocaine from street dealers, and dimethyl sulfoxide (DMSO) from automotive or machine shop supply houses. DMSO is used principally to clean machine parts, but it is also used medically as an anti-inflammatory agent and to transport other medications through the skin to affected area, especially to arthritis sufferers. The key to getting a reliable source of potential medical supplies is to focus on chemicals that have two uses: one in a nonmedical, legal application and the other in a medical context.

Some adventurers report success in home-brewing a lidocaine-like nerve-blocking agent by using street cocaine. Living in a very remote rural area precludes me from being able to test

this plan. The nearest street drug dealer is probably 90 miles away, but so is the nearest flush toilet, as my wife keeps reminding me. Yet several medical doctors and druggists with whom I have consulted suggested that it is probably a workable way of improvising effective lidocaine. Compared with veterinary pharmaceuticals and drugs secured from overseas markets, street cocaine concoctions are far more impure and unreliable, which argues against using them at all, at least if veterinary or foreign painkillers are available. As is often mentioned, all of this is for *personal information only*. To use or not use is a personal decision.

In 1988, the FDA suddenly decided to allow importation of almost all nonnarcotic drugs from pharmacies outside the United States without a prescription of any kind. Partly, this was a response to real conditions out in the field and, as mentioned, partly due to pressure from politically correct associations. Other than a small amount of initial publicity in the form of some books and magazine articles about these newly dispensed freedoms, little was made of this dramatic bureaucratic concession. Lately, it is as if the entire issue has dropped into a black hole. Nobody wants to talk about it.

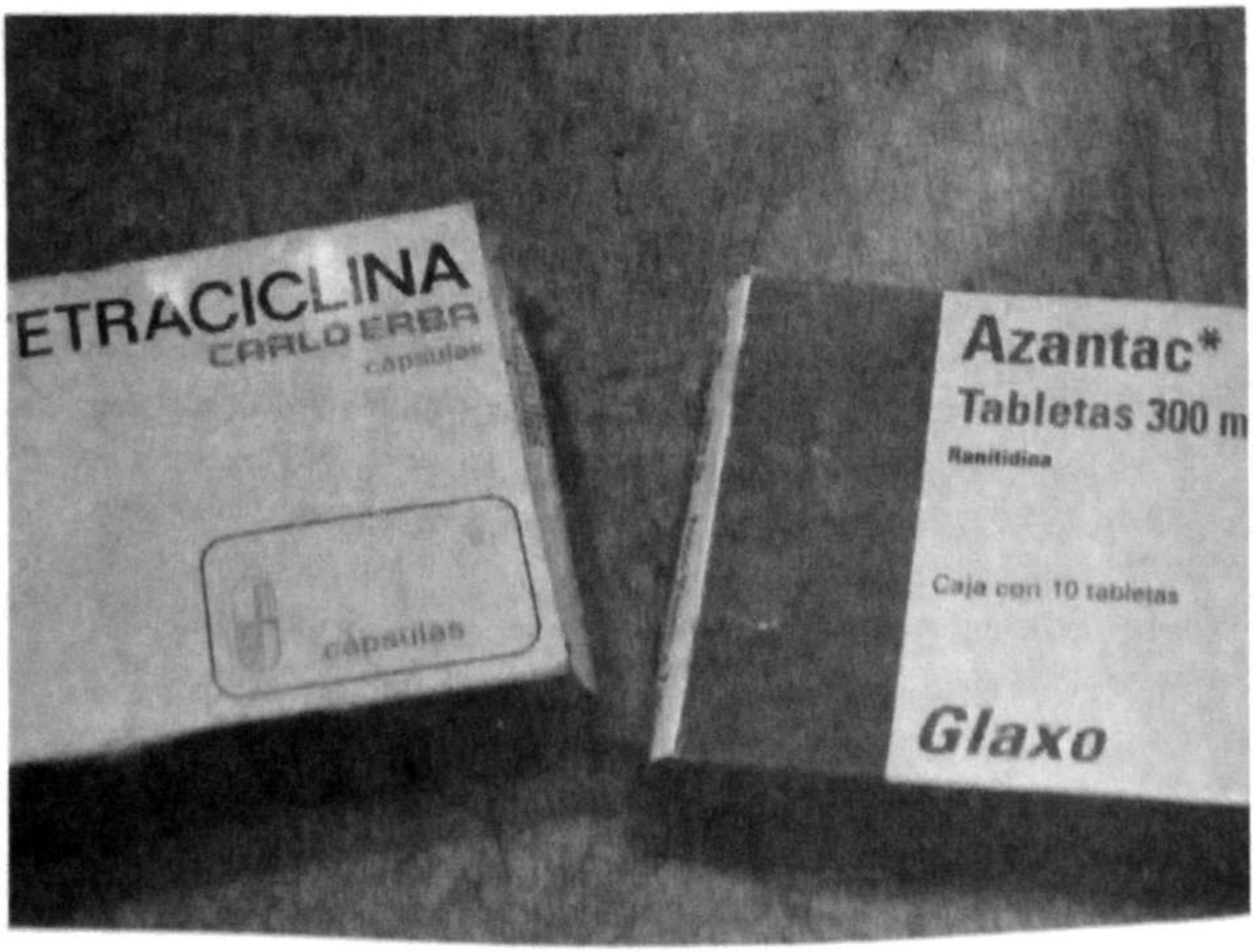
The FDA promulgated five terms and conditions governing the legal importation of medications. These apply to both personal and mail order importation into the United States:

1. The drug must be for personal use, not for commercial distribution.
2. You can import no more than a three-month supply.
3. The drug must be correctly identified in English.
4. The drug must be accompanied by a signed written statement that the medications are for personal use.
5. The name and address of a licensed physician responsible for the patient's use of the drug must be attached.

Personal experience suggests that all these rules are subject

to the bureaucratic fancy of various customs inspectors, i.e., they can change hourly. Yet most shipments, both by mail and in person, are currently getting through intact. Knowledgeable, experienced practitioners recommend both initial small shipments by mail and a memory lapse when crossing with pharmaceuticals in person. The latter measure seems no more risky than predicting the whims of customs officials.

An incredible number of U.S. residents live within easy, one-day driving distance of a border. For them, popping into Mexico or Canada to purchase inexpensive medications is no big deal, and neither is finding a willing seller once there. Most cities have at least one pharmacy. One only has to write drug names out in English for pharmacists where English is not spoken (Mexico and Quebec). No matter whether it's Turkey or Thailand, pharmacists have cross-reference directories for



These samples of tetracycline and Zantac were purchased in Mexico without a prescription. You must understand enough Spanish to decipher how much and how often to take the drug safely if you buy medications in Mexico.

instant translation. I have brought pharmaceuticals home with native markings that I forgot to translate. Keep track in English of what you buy or you may have several bottles that you have no clue what are or how to use.

What do you do when all purchases must be done by mail order? Under FDA regulations, foreign pharmacists cannot advertise that they ship to the United States. Although successful transactions can be handled over the phone or by fax, if you have a credit card, how do you get the telephone numbers of foreign druggists?

James J. Johnson wrote a book in 1990 that listed a number of international pharmacists he uncovered in Greece, the United Kingdom, Japan, and Mexico. Readers can secure a copy of his book, *How to Buy Almost Any Drug without a Prescription*, or they can dig up their own current names and addresses in even better, less-regulated places such as Bangkok, Hong Kong, or Manila.

In this age of inexpensive, reliable phone service, performing this miracle is relatively easy. Call the U.S. Embassy, Consular Section, in the country where you wish to purchase medical supplies. State Department directories listing all current embassy phone numbers are available by calling 202-647-2518. Ask for this year's publication number 7877. As of this writing, the 140-page document went out free to all businessmen who asked for it.

According to the little blue-and-tan directory, our Bangkok embassy can be reached by dialing 011-66-2-252-5040. The Hong Kong consulate's is 011-852-5-239011, and the embassy's in Manila is 011-632-521-7116. These numbers change, so take the above with a bit of patience.

When you reach someone at the diplomatic facility, ask for names and telephone numbers of pharmacies where U.S. officials purchase their pharmaceuticals. In virtually every case, this information is immediately forthcoming. Where to buy needed medicine is one of the first things State Department employees learn on arriving on station. Also ask for the drugstore's fax number. In the case of non-English-speaking Bangkok, for instance, it is often far easier to make a written purchase request than a spoken one.

Those who wish to try other places such as Great Britain, Ecuador, and Indonesia (Indonesia is a cheap, easy place to purchase virtually any pharmaceutical) can use basically the same approach. The current number for the U.S. Embassy in Jakarta is 011-62-21-360-360. If you strike out at the embassy and no one can or will recommend a business-hungry pharmacy, ask for the phone number of the U.S. Chamber of Commerce in town. Call or fax it, and someone there will definitely look up numbers of the biggest and best pharmacies.

A few pharmacies won't fool with your business, having found foreigners to be a lot of trouble. Contact other stores until a sufficiently hungry proprietor says, "Yes, what do you want?"

An American doctor recently told me that foreign drugs are not sufficiently pure and that they will make an unsophisticated user, such as myself, sick. I pointed out that all of the drugs I knew of and used were manufactured by the same large pharmaceutical makers worldwide who also sell in the United States. "I have never heard of a large drug manufacturer having an intentional policy of making its customers sick with poorly formulated products," I said. "How would they stay in business if they produced drugs that made customers sick?" I asked the complaining doctor.

Foreign pharmacies are the only place to get some obscure drugs not available in the United States. These include heart medications, antidepressants, antibiotics, kidney disease medications, anti-inflammatory drugs, and many others.

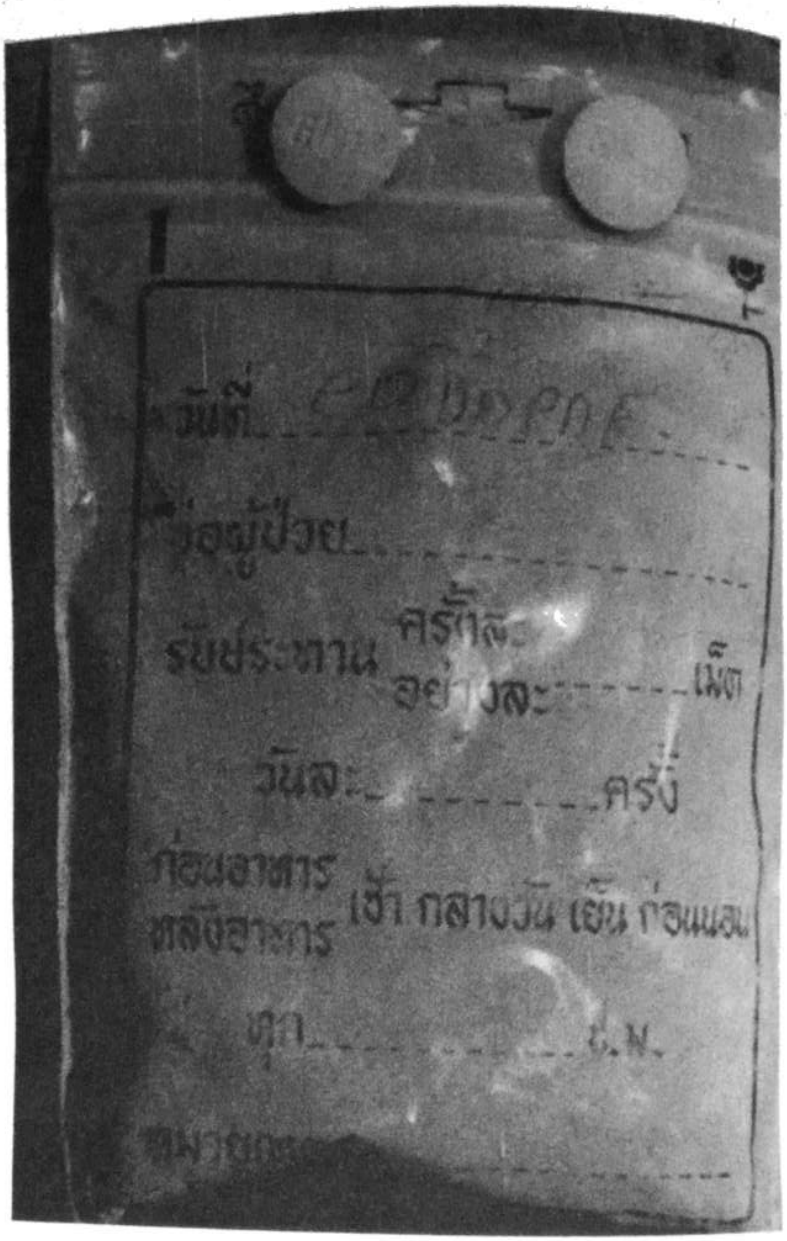
As I've already stated, it is much tougher to acquire some veterinary medical preparations than it was when I was a kid growing up on the farm. It is even tougher than it was when I wrote *Survivalist's Medicine Chest*. Partly because of this tiny book, what can and cannot be sold over the counter as veterinary-medical supply has changed, and in most cases for the worst. That is not to say that excellent, useful veterinary medical products are no longer available over the counter. Both oral and injectable antibiotics are still available, as is Betadine solution, wound medications, and some preparations with broad application, such as mastitis, pinkeye, and wound and pesticide formulations.

Otherwise-tough-to-find scalpels, needles, blades, and sutures can be purchased easily at the counter of animal health centers.

Veterinary medical shelves or catalogs are still the quickest, easiest, cheapest places to pick up medical hardware, including needles and syringes, latex gloves, scalpels, hemostats, intravenous kits, sutures, suture needles, needle holders, and such. First-timers to their local animal health counters are usually pleasantly surprised to see what is offered. All of this hardware can be purchased from offshore sources or other domestic vendors, but it is quicker and easier to purchase it locally, if supplies are available.

Far too many of our citizens have never looked a pig, cow, or chicken in the eye. Increasingly livestock is raised at places far removed from people. By exercising great diligence, self-reliant people may find retail or wholesale outlets catering to do-it-yourself dog and cat fanciers in New York, Miami, or other large cities, but this becomes increasingly unlikely.

Full-service, mail order veterinary-medical suppliers are out there. Faithful readers know that, customarily, I am reluctant to



Prescription drugs otherwise unavailable over the counter in the United States can be ordered from dozens of offshore pharmacies.

list specific addresses in my publications. Either the management of these mail order houses takes great exception to the use to which their fine products are being subjected, or, more commonly, they change phone numbers and mailing addresses in response to my unsolicited publicity. Either way, don't let on that the supplies are for human consumption when contacting the following suppliers.

Will they ship to an address in obviously pig- and cow-free Detroit or Chicago? Perhaps. I have never lived in these places, so I don't know for sure. When calling or

chicken or hog operation like your own, suggested calling them for a catalog. Some mail order suppliers separate their health products by animal (dogs and cats in one category, pigs and cattle in another.) If there is a choice, ask for the pig and cattle variety because that's what you raise on "your farm."

Of the major mail order firms I personally know about, I suggest the following:

Doctor Foster Smith
2253 Air Park Road
Box 100
Rhinelander, WI 54501
Principally, this firm has vet supplies for yuppie owners of horses, cat, and dogs. Ask for a free catalog. Of the bunch, this has the least valuable information, but it is the easiest to acquire.

Wholesale Veterinary Supply, Inc.
Box 2256
Rockford, IL 61131
This has the most valuable and complete catalog, which, however, is the hardest to acquire. Send $1 along with a written request on your farm letterhead. I no longer have a farm, but I do have a computer, and now I also have this firm's latest catalogs. The firm also has numerous medications available only with a veterinarian's prescription. Prices are all wholesale.

Jeffers
Box 948
West Plains, MO 65775
This firm is a rapidly growing and sufficiently large supplier to handle most of the do-it-yourselfer's veterinary medical needs. Most of its orders for catalogs and pharmaceuticals are handled over the phone. Payment is done via credit cards. At present it is easy to get a Jeffers catalog.

Although veterinary pharmaceuticals will not take the place of many specific drugs that humans require for heart disease, ulcers, and childhood immunizations, they definitely have a broad application for common maladies the self-reliant often face.

It would seem best to get your medical hardware, including syringes and scalpel-type tools, from a veterinary supplier, but this is not the only place to secure such materials. Look in survival and military surplus catalogs advertised in *American Survival Guide, Soldier of Fortune,* and *Shotgun News.* Increasingly, these publications carry items of medical interest to do-it-yourselfers that should not be overlooked.

A recent Sierra Supply catalog from Box 1390, Durango, CO 81302, for instance, lists hemostats at better prices than any currently available through veterinary supply catalogs.

In your quest for medical supplies, do not overlook friendly, sympathetic druggists, veterinarians, medical doctors, lab

A well-stocked animal health shelf contains many drugs that can be used for human consumption.

workers, nurses, medical technicians, and any other likely or even unlikely folks with medial access who might handle medical supplies. Success comes to those who are alert to any potential beneficial circumstances and are quick to jump into any useful situation.

One do-it-yourselfer, for instance, had a good childhood friend who became a dentist. Sympathetic to my friend's attitude, the dentist eventually agreed to provide Tylenol 3 tablets and finally a bottle of lidocaine for his friend's survival medical kit. After a couple of years, the dates had expired on the materials, and most of the original supply remained unused. On that basis, the dentist agreed to freshen and expand the survivor's

Refrigerator containing many veterinary antibiotics that can also be used to save man lives.

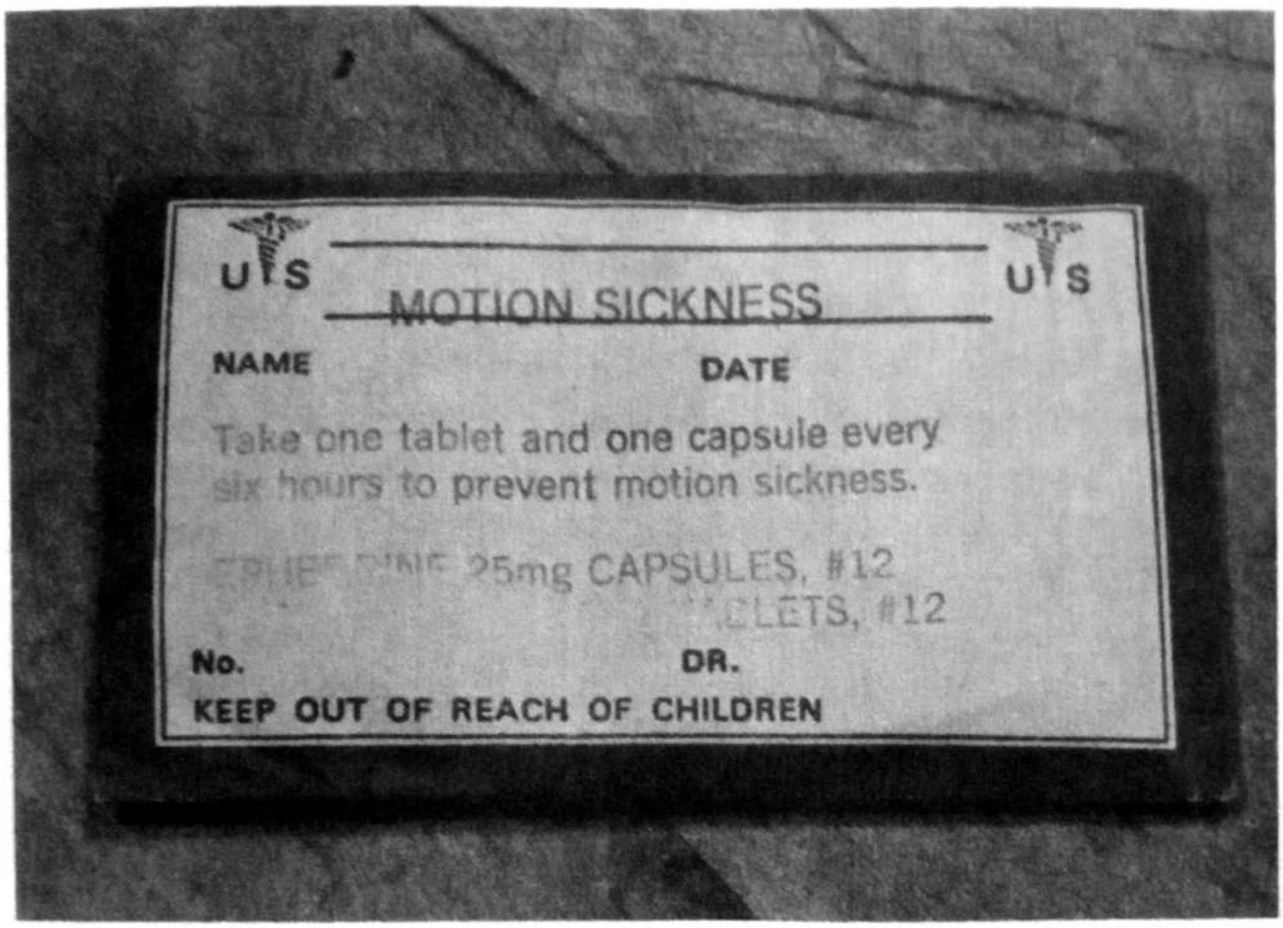
Readers unable to buy over-the-counter locally can often take advantage of mail order catalogs.

supply. Comfortable that these materials are not being redirected or misused, the dentist continues to be a good source.

Using another personal example, I became acquainted with a medical doctor who was an old-fashioned, falling-down drug addict. He regularly got high on drugs from his own black bag. He was also very enamored of antique firearms. Under these circumstance, it was relatively easy to trade for the lengthy list of pharmaceuticals I required. My greatest limitation was knowing what I needed and affording both the antiques he liked and expensive pharmaceuticals. Yet, over the years, we worked out some very mutually beneficial trades.

Obviously, it would be impossible to predict how or when these situations might develop. Always be alert for one more source for otherwise tough-to-acquire materials.

Computer technology makes it possible to accurately counterfeit any doctor's prescription blank. Using modern, full-color scan-



Some sources of medications are unconventionally available if you are alert for them. This packet came from a U.S. military dispensary.

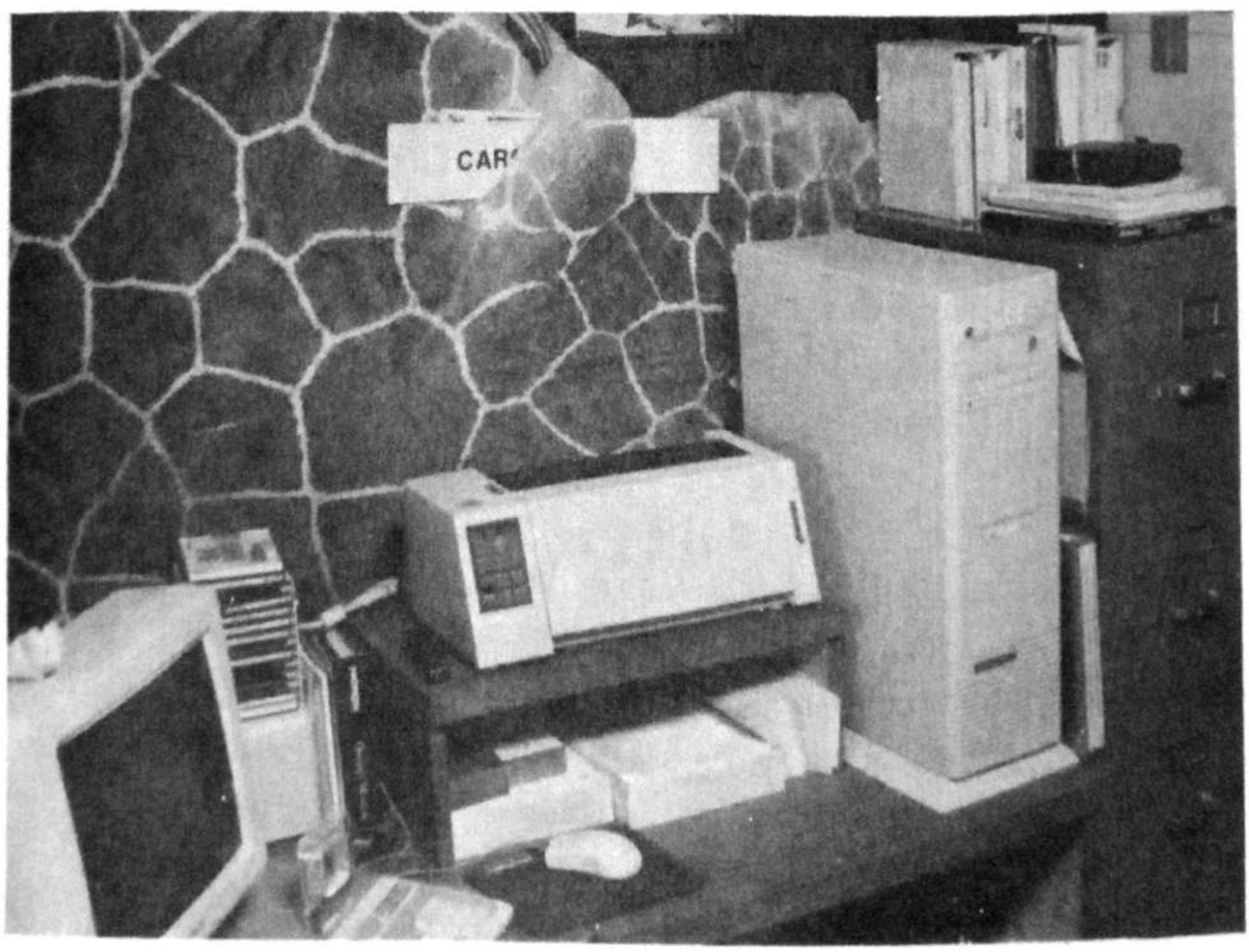
ners, printers, and sophisticated but easy-to-master editing programs, do-it-yourselfers-turned-desktop-publishers can easily take existing prescription or clinic letterhead, lift off unneeded copy or even letterhead data, such as phone numbers, and replace them with their own to produce their own prescription blanks. In most cases, these can be very authentic looking, indistinguishable from the originals but for the custom alterations. Other than for purchasing large quantities of narcotics, these blanks can easily be used to fill pharmaceutical requirements.

This plan works nicely so long as no narcotic drugs are involved. Druggists now call the doctor's or dentist's office before dispensing any Tylenol 3 or 4-type drugs. Those in larger, impersonal cities could put a personal number on the prescription, hoping the druggist will rely on that number rather than looking up the physician's clinic in the phone book. No calls are made for common drugs used to control high

blood pressure, epilepsy, or cholesterol. Better to stick to these medications when deploying this device unless no other alternative exists for pain management.

Currently, Paladin Press carries several books containing detailed information on document reproduction by using sophisticated, computer-controlled equipment, mostly in its new-ID section.

The last method of accumulating required supplies of pharmaceuticals is not particularly glamorous. Almost anyone can acquire needed specific supplies by using this device. This option involves nothing more than overbuying on existing prescriptions belonging to friends and acquaintances. It ensures supplies for maladies your family is most likely to experience, but generally does not provide for a vast array of drugs needed for general survival work. Yet if you spread your net wide enough, and you are wise and studious concerning possible



Modern computers, scanners, and printers can easily be used to turn out excellent-quality prescriptions for purchasing nonnarcotic prescriptions.

opportunities, you can acquire a good supply. Buying on friends' prescriptions must also be tied in with overseas shipments or vet medical sources. Nonnarcotic prescriptions can legally be refilled five times in six months.

As a general operating rule, it will always be necessary to combine two or more of these methods. Given all of these possibilities, it is possible for self-reliant people to acquire all the pharmaceuticals they and their family require, including a variety of painkillers.

Certainly using only one method of acquisition will not bring satisfactory results. But fishing with one pole never brings the results that can be had using five or six.

Some maladies will require sophisticated laboratory tests to identify which drugs are best. Having this information, it is relatively simple to secure recommended drugs. Yet, most common life-threatening situations will be treatable using easily acquired materials. Recall that our goal is not to keep grandma alive forever, but to successfully treat wounds of those who fall in the normal course of life's events.

they were out of my sight. "If one is good, three must be much better," one fellow explained in a rare fit of honesty.

Contracting VD is one of those maladies that a person does voluntarily, with full foreknowledge. It may well fall under the category of dumb behavior, as outlined in Chapter 1. However, I have cured a lot of it, so let's start there.

Military and paramilitary medical texts listed in Chapter 2 explain just about everything about contracting and diagnosing VD of all kinds. There is no reason to delve further into the subject. When it shows up, most people know that they have it and why.

Flucorticin®
(Procaine Penicillin G in Dihydrostreptomycin Sulfate Solution with Flumethasone)
Aqueous Suspension
For veterinary use only
For Intramuscular Administration
CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.
NET CONTENTS 100 ml
MULTIPLE DOSE VIAL
DIAMOND LABORATORIES INC.
DES MOINES, IOWA 50304, U.S.A.

Those interested in doing their own medical work, without intrusion by the medical monopoly, must become adept at reading labels on veterinary medicines. This is the medication of choice for most forms of VD.

Check with the texts for exact diagnoses in full, living color (in some cases). Recommended dosages of antibiotics are also listed. Use injectable, veterinary-grade penicillin or, for an especially virulent, resistant strain, injectable tetracycline. Another veterinarian-grade product, Tylan, can also be helpful in the event of resistant strains of the crud. Tylan is a very powerful antibiotic but is usually used for fighting bronchial conditions for which humans usually use the antibiotic ampicillin. Nevertheless, this material has been used successfully for some strains of VD.

All three antibiotics are also available as very large pills, which must be cut in half or quarters, depending on densities listed on the packets and on recommended dosages in the reference literature.

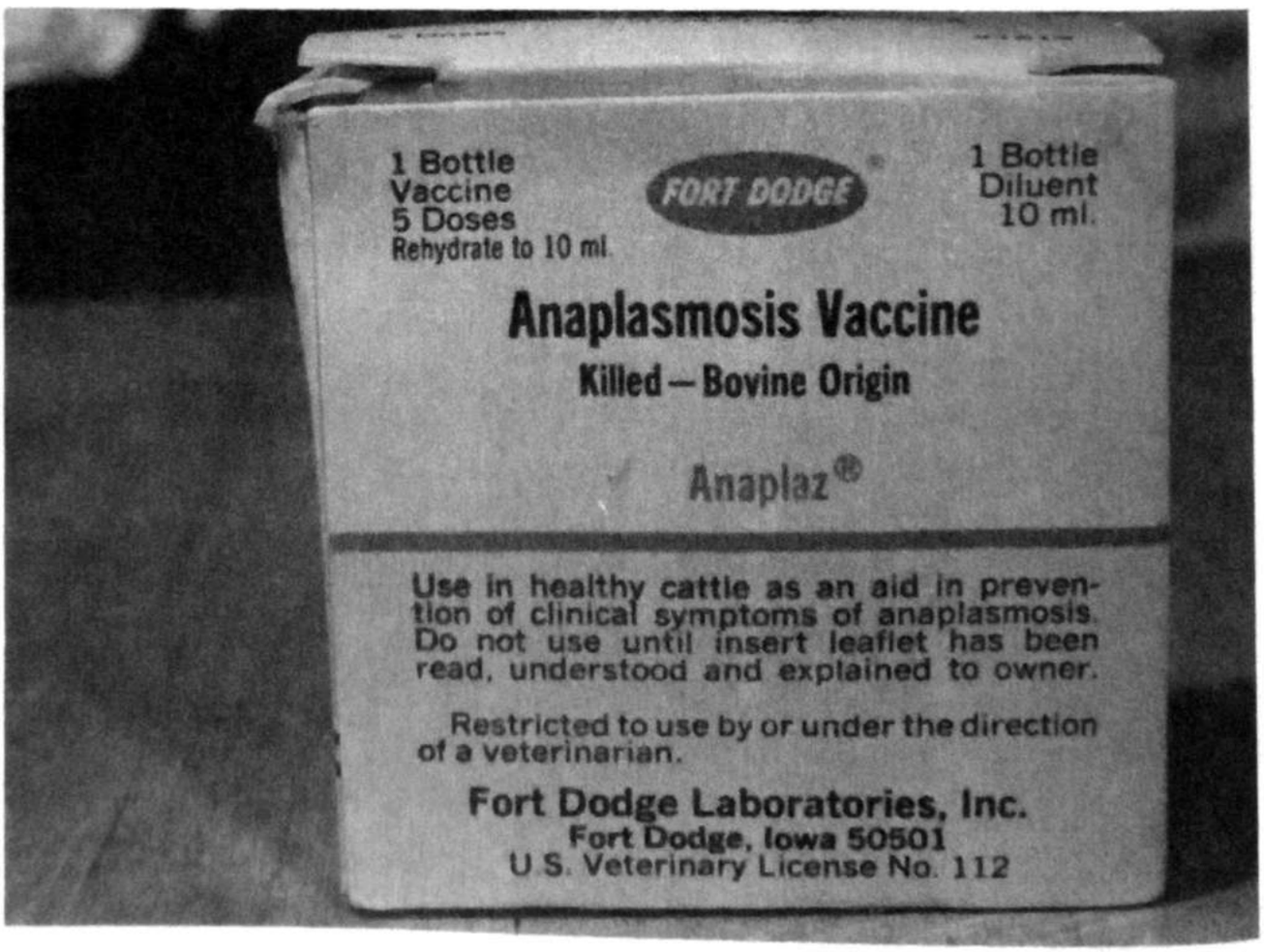
Injectable veterinary-grade antibiotics are usually sold in 50-, 100-, and 250-cc glass vials. Like human medications, some veterinary products come in two vials (binary form). The dry powder in one must be reconstituted with sterile water from the other. As far as I am aware, no veterinary antibiotic currently is offered in binary form. At present, 250-milliliter vials of penicillin cost about $16; a 100-milliliter vial is about $8. If there is a place to use larger vials within three to four weeks and the penicillin can be refrigerated in the interim, purchase the larger vials at a volume discount. Otherwise, any savings will be lost as spoilage on the shelf. Many antibiotics do not have to be refrigerated until they are opened.

Those who cannot tolerate injectable penicillin may find it more suitable to take soluble powder medication for calf scours by mouth. Straight oral antibiotics such as Tylan, tetracycline, or penicillin are also available on the animal health shelf, but scours medication contains beneficial vitamins.

Injectable veterinary-grade antibiotics contain units of medication similar to their human counterparts. Pills and boluses used to administer scours medication for horses, pigs, and cattle are highly concentrated in huge doses, because they are made to treat animals with much greater body mass. Double-check the literature and reduce the size of the pill to correspond to the correct dosage.

Humans are best given procaine penicillin if such is available. Raw penicillin stings mightily when injected into a muscle. Combinations of procaine painkiller and penicillin make the whole business of administering injections go much easier. For several years now, there has been talk of withdrawing this combination from the veterinary market. Yet it is still advertised in most veterinary supply catalogs, and I recently purchased a 100-milliliter bottle off the shelf locally.

Anyone giving any intramuscular injection of any kind must be prepared to deal with an allergic shock condition known as anaphylaxis. People who are allergic to bee stings experience basically the same reaction. Death can occur in a very, very short time if you do not immediately identify exactly what is going on and take quick, appropriate action. Pigs, horses, and cattle receiving injections are similar to humans in this regard. Anaphylactic shock occurs very infrequently, but when it does,


1 Bottle
Vaccine
5 Doses
Rehydrate to 10 ml.
FORT DODGE
1 Bottle
Diluent
10 ml.
Anaplasmosis Vaccine
Killed—Bovine Origin
Anaplaz®
Use in healthy cattle as an aid in prevention of clinical symptoms of anaplasmosis. Do not use until insert leaflet has been read, understood and explained to owner.
Restricted to use by or under the direction of a veterinarian.
Fort Dodge Laboratories, Inc.
Fort Dodge, Iowa 50501
U.S. Veterinary License No. 112

Anaphylactic shock occurs in animals as well as humans. Use veterinary-grade epinephrine in appropriate quantities to counter this condition.

medical technicians must have a vial of veterinary-grade epinephrine injection 1:1,000 available.

Anaphylactic shock can even occur when administering painkillers. Epinephrine is cheap and easy; 10-milliliter vials cost about $3 each. Dosage is not quite one milliliter per 100 pounds of body weight. Read the label.

Fill syringes by using a sterile needle to jump vials of injectable with air. In an emergency or just in the normal course of events, all you must do is poke the needle up into the upside down bottle of liquid, allowing the contents to blow hydrologically back into the syringe. Keep air out of the syringe by constantly keeping the needle tip below the surface of the liquid.

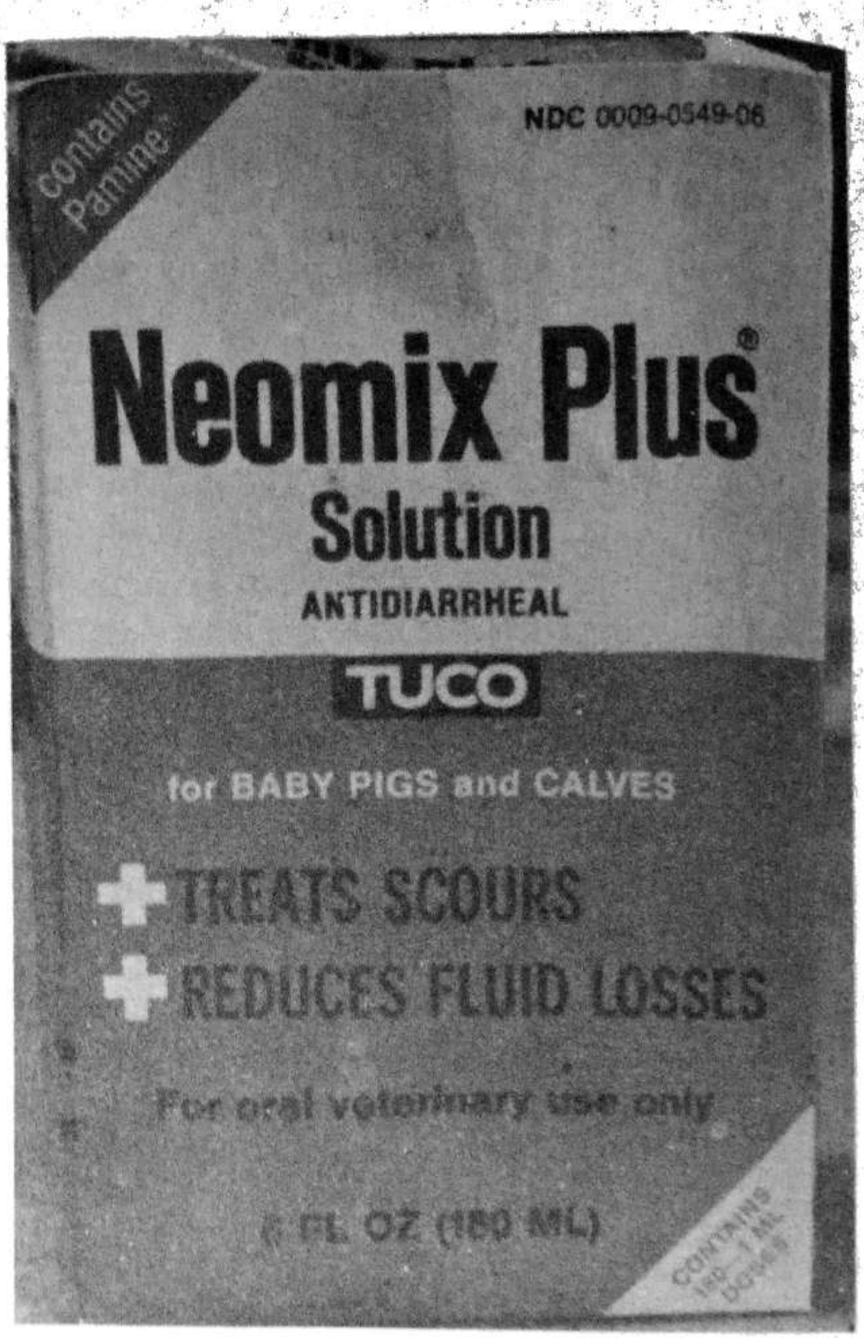
Tetanus is always a danger in a paramilitary context whenever a person suffers deep puncture wounds or burns. Virtually all Americans have been immunized against lockjaw, but foreigners seldom are.

Usually a half to one cc of tetanus antitoxin booster is administered in the case of a deep wound. Veterinary-grade tetanus toxoid can be given in very low dosages to establish long-term protection. This material is commonly used on horses and is still available over the counter from animal health suppliers. It is so inexpensive that it is hardly worth mentioning.

It hasn't happened to me, but some adventurers tell me they have been plagued by pneumonia among their co-conspirators. They are especially bothered by a low-grade infection that saps the energy, enthusiasm, and creativity of the ranks. A wide range of veterinary-grade antibiotics and sulfa drugs, both oral and injectable, are effective. Look on your veterinary dealer's shelf or in the catalogs, read the labels carefully of potential pharmaceuticals, and then consult texts in your library.

Cholera, typhoid, and plague are spread and nurtured by unsanitary conditions. Cleanliness and good diet are essential, but veterinary-grade tetracycline and penicillin, both oral and injectable, will assist in clearing up these diseases. Whole armies have been destroyed by these diseases. There is more to it than just providing medications. Read the texts and operate accordingly.

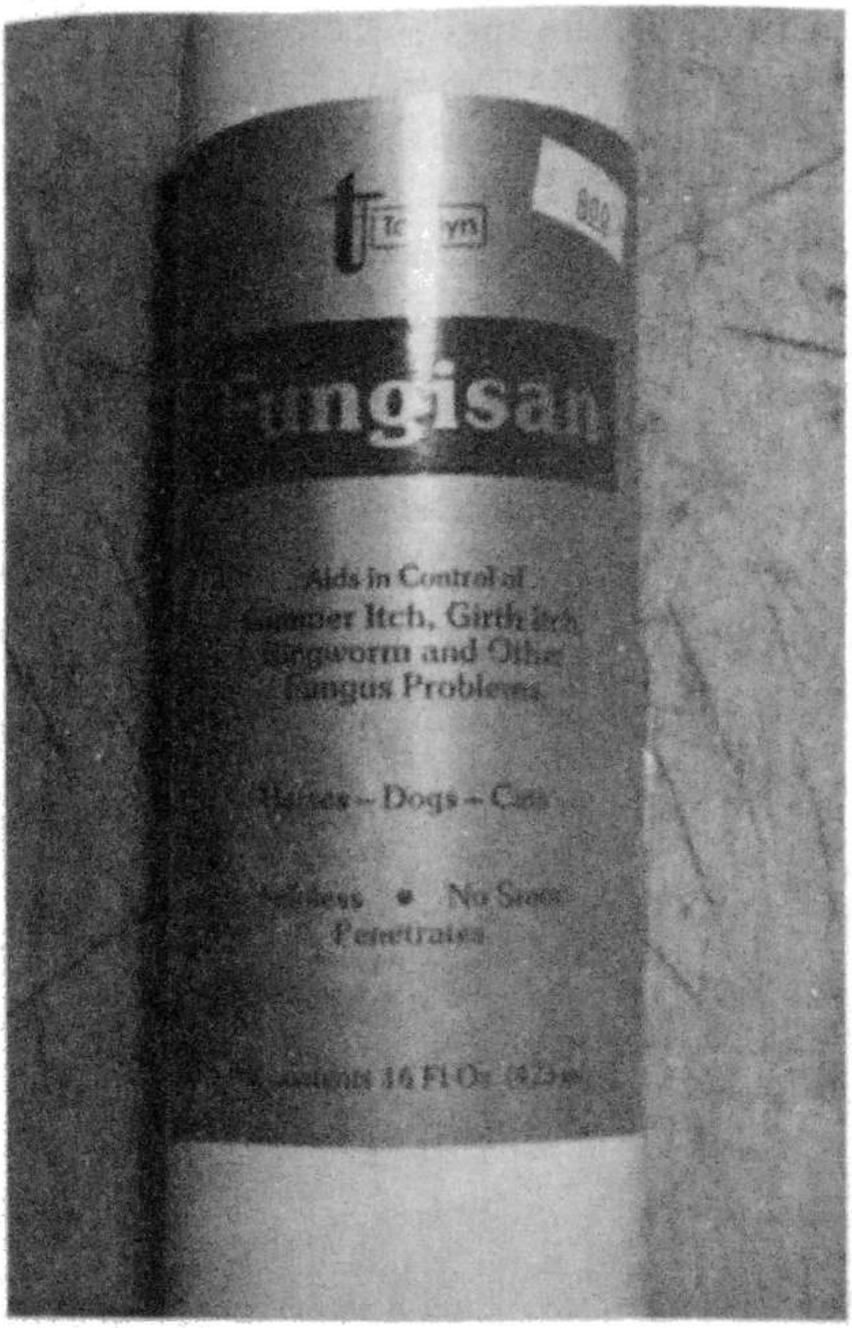
Chronic diarrhea debilitates victims by dehydrating and



This inexpensive veterinary product is very effective for treating diarrhea, dysentery, and cholera.

then washing away necessary vitamins. Calf and pig scours medications work wonders as long as dosages are cut down to human levels. Depending on which product you purchase, scours medication is packed with either antibiotic or sulfa drugs and lots of vitamins. In a Third World context, this material is often a lifesaver, especially for little kids.

Perhaps twenty different products are listed in the catalogs. Scours medication with tetracycline will usually knock out amebic dysentery, or you can use straight tetracycline tablets. Tetracycline is a harsh antibiotic. Be cautious and vigilant for side effects, especially dermatitis and diarrhea.



Fungal infections can be treated successfully with veterinary-medical products.

Giardia is another such condition, much like amebic dysentery but more prevalent in the United States. Veterinary medical scours products supplying both vitamins and minerals and tetracycline cure giardia nicely.

Fungal infections, including athlete's foot and jock itch, poison ivy, and plain old skin rashes, are easily treated by diluting a veterinary product called Scarlex. Actually several products are available to combat skin infections so prevalent in warm places, but Scarlex is my favorite.

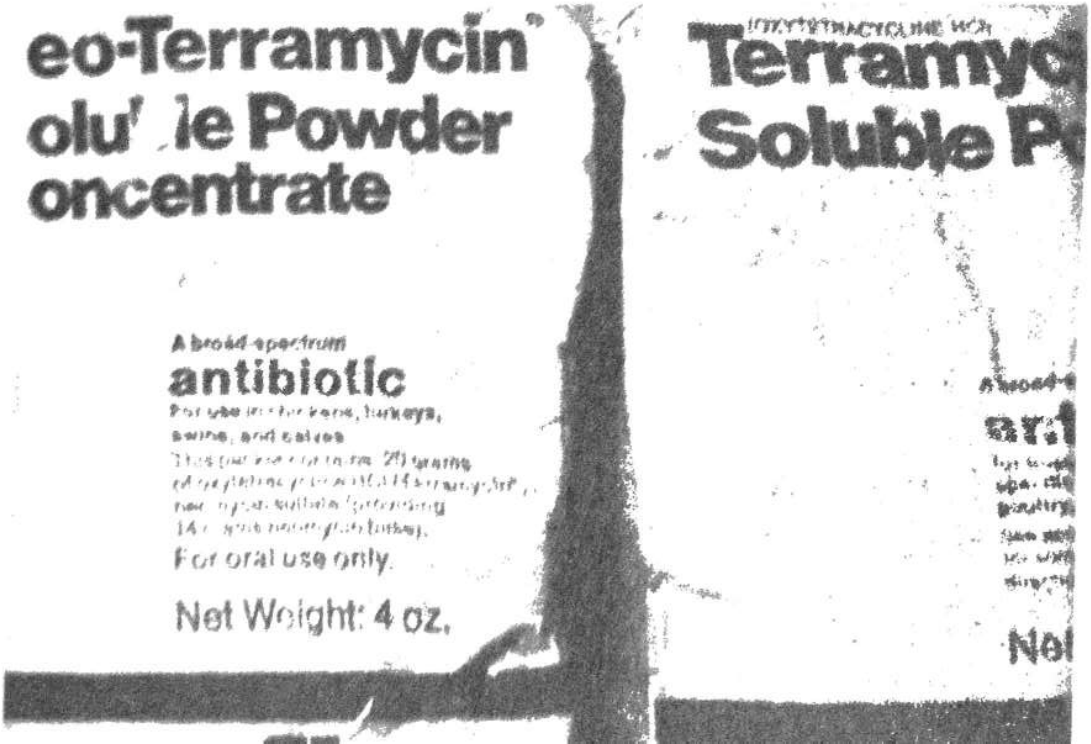
Mares frequently get a severe destructive vaginal infection. Nolvasan/Chlorasan in diluted form works wonders for human

females with similar maladies. It's on the shelf at your friendly veterinary supply center.

Drug-resistant tuberculosis (TB) is making a comeback in some areas of the United States, especially among physically debilitated drug addicts. Treatment entails administering several very harsh, powerful antibiotic drugs such as streptomycin, Thiacetazone, and tetracycline, among others. Treatment must be for the long term and include excellent nutrition.

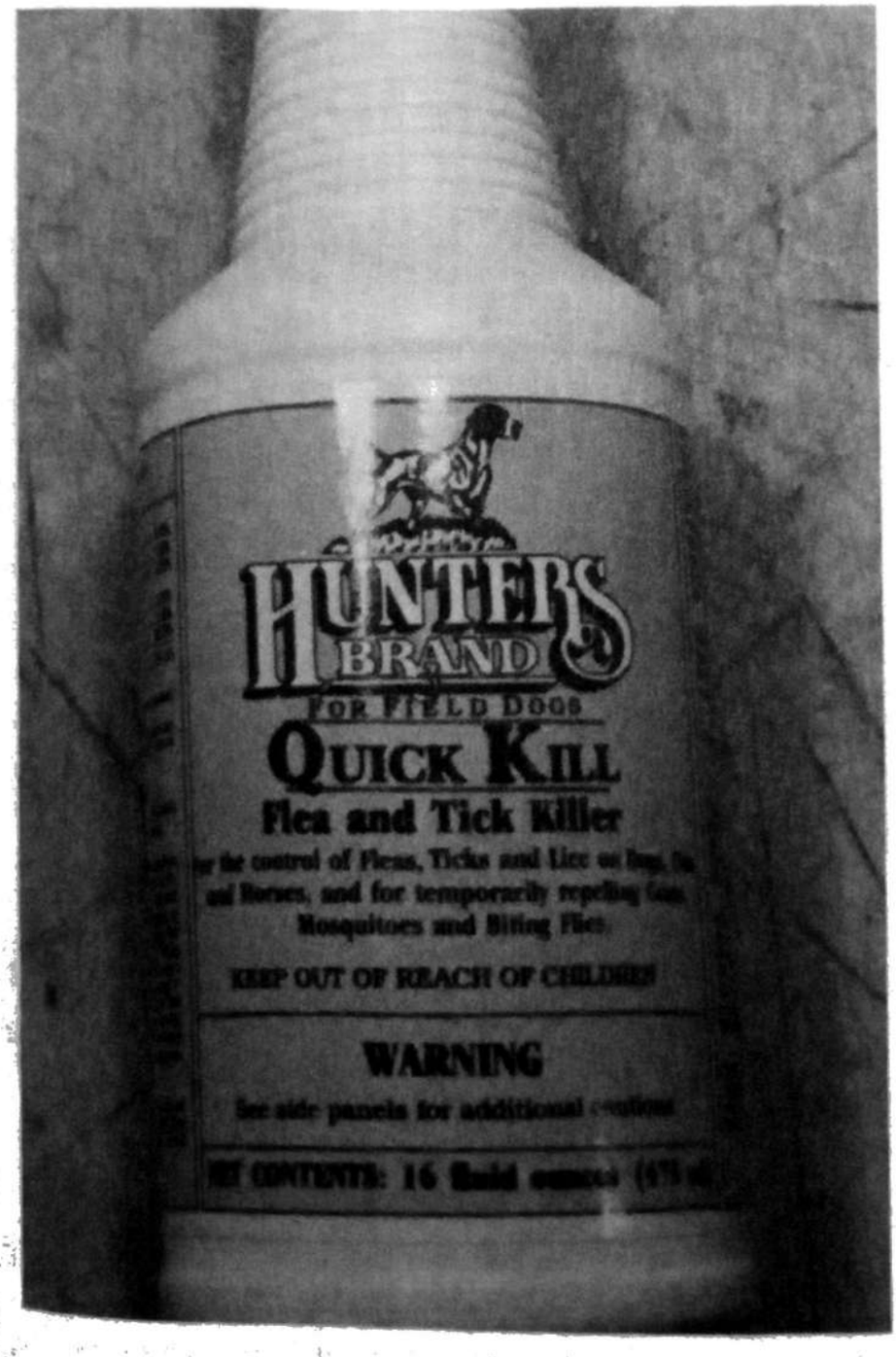
Should you suspect TB, read through all the literature on the subject. Then go to your veterinary medical supplier and read labels of products. TB can definitely be cured, even the most resistant varieties, with veterinary pharmaceuticals.

Inoculations for TB can also be acquired from offshore drugstores, as can some obscure antibiotics not available at the veterinary medical counter or even on the U.S. market.



Recent studies indicate that ulcers and indigestion are caused by bacteria living in the stomach and not by excess acid production. Millions of Americans are affected by this finding. Self-treatment, leading to a cure, is possible using off-the-shelf Tagamet, Pepto-Bismol, and veterinary-grade tetracycline. Again, read the literature before administering.

Scabies, fleas, ticks, lice, chiggers, and crabs seldom occur all at once. But in a survival setting, some of these critters turn into real problems. Survivors of the Eastern Front during World War II, for instance, report that as nutrition and cleanliness dropped, lice became an almost life-threatening scourge in the German army.



In a paramilitary or survival setting, fleas and lice can become a problem nicely handled by dusting with a veterinary medical product.

Literally dozens of excellent livestock preparations are available that make these critters into nonproblems. One can either deploy regular veterinary preparations containing Ecrin, pyrethrins, permethrin, Carbonyl, or malathion. Overseas, hog and cattle dip preparations containing Lindane are commonly sold. Use water, Vaseline, or, if necessary, kerosene to dilute these animal products to 1/2- to no more than 1-percent active ingredients.

Dilution is far better in water when used on humans, but water-based animal insecticides may not be available at your veterinary counter. The trick with even these diluted preparations is to use them thoroughly, but infrequently. For instance, on tough, well-established colonies of lice treat, wait three days, treat again, and then wait two weeks for a follow-up treatment. Otherwise, these preparations may irritate humans even in their diluted form.

An excellent medication for controlling parasites in humans, Zentel is usually not available in the United States. This sample came by mail order.

Veterinary-grade Piperazine commonly used to control internal parasites in pigs, poultry, dogs, and cats is identical to the material physicians prescribe for internal parasites in humans. Dirty living conditions and poor food preparation sometimes lead to widespread infection. Piperazine works for roundworms, threadworms, and pinworms. Other internal parasites, such as hookworms and tapeworms, are easily controlled with modern miracle drugs. However, most of these drugs are not available in this country for humans. In the case of an infection, you can import drugs from overseas or use a broad-spectrum veterinary wormer formulated for puppies and nursing female dogs. Carefully read instructions on the drug package and in publications such as *Where There Is No Doctor*.

Delivering babies may easily be the most feared medical procedure self-reliant people face. Most do-it-yourself books recognize this as being a very real challenge to the novice. Large amounts of ink and paper are dedicated to knowing what to do in such cases.

It doesn't seem to happen as much as it used to, but some of my friends have delivered their own babies. Some of these were 1960s counterculture types and some farmworkers just too poor to use doctors and hospitals. It isn't a particularly difficult procedure—provided everything goes normally—and the latter have had some on-the-farm experience with four-legged animals.

One particularly destitute acquaintance attempted to deliver his own baby at home within the past five years. When delivered, the infant was not breathing properly. They lost the child before they were able to get it to a hospital 10 miles away. Another fellow delivered his son quickly and easily: the little three-year-old plays with my grandchildren.

The bottom line is that the problems of home delivery are thoroughly outlined in half or more of the texts listed in Chapter 2. This is not a difficult procedure if one has had prior experience delivering calves, pigs, and foals. Dogs and cats are probably too small to be examples for learning anything valid relative to human delivery. A great deal more cleanliness must

be used for human births, but even then the mother can be treated with veterinary-grade penicillin or other antibiotics.

If there is a problem it could result in loss of child and mother. In some cases, even physicians working in hospitals lose mothers and newborns. Do-it-yourselfers, for instance, will experience great difficulty in successfully dealing with premature babies.

For some strange reason, most do-it-yourself texts pay little or no attention to dental problems. This is especially strange since these type of maladies can easily be some of the most debilitating and difficult to work with. *Where There Is No Dentist* takes the long view of stressing prevention rather than more immediate problems of treatment. The companion text, *Where There Is No Doctor*, has a brief two-page outline of treatment of dental maladies.

Fortunately, *The U.S. Army Special Forces Medical Handbook* has an absolutely world-class section on dental emergencies. The entire price of the book is justified in this one section alone, obviously written by a genius. Most remarkable, the writer is not reluctant to divulge simple, basic tricks and procedures of the dental trade.

Successful dental treatment will require pain management skills and pharmaceuticals, as well as intelligent, well-thought-out administration of antibiotics.

Many, many other illnesses, conditions, and maladies could be covered in a chapter of this sort. But every one is treated basically the same way: observe the symptoms (including possible sources and causes), research the available literature to be certain of your diagnosis, make a list of curative medications, and take a hard, creative look at possible sources for needed pharmaceuticals that will produce a cure.

CONCLUSION

Not one of my friends is concerned about the current debate over government-sponsored medical funding and care. All know that like Social Security, Medicare is a giant government-sanctioned Ponzi scheme that is already financially defunct. "If it ain't broke already, it will be long before I can collect a dime of the tax money I put into the system," one especially outspoken adventurer loudly explained.

Independent adventurer types seem to take great pride in knowing that they can survive outside government control no matter what their current financial circumstances are. True independence is a state of mind, and transitory wealth can't buy it, most people tell me.

Additionally, all of these independent folks share the operating philosophy that they will not become a victim. They refuse to use any pharmaceuticals or undergo any medical procedures before thoroughly researching exactly what it is they are getting into.

For them, the medical reference chapter (Chapter 2) is nothing more than a checklist against which they evaluate their own current libraries.

A friendly neurosurgeon who read this manuscript for accuracy prior to publication told of running into one of these people recently. "The guy wouldn't even take so much as an emergency stroke medication," he told me, "unless I first let him go home and run the pills through his library. We compromised when he spotted a familiar reference volume on my bookshelf. He used it to satisfy his concern about the pharmaceutical I was recommending."

Citizens who understand a bit about their own and their families' medical needs rather than simply taking an expert's word for it find that they do not have to worry about expenses. Pharmaceuticals, including medical care outside the monopoly, cost an estimated five cents on the dollar. In Toronto, Canada, where the medical monopoly maintains a vise-like grip on people's lives, a four-month waiting list quickly developed to use the city's only magnetic resonance imaging (MRI) machine. People were literally dying while waiting for diagnoses.

An enterprising doctor decided to purchase his own MRI machine, which he intended to use in private practice. The authorities stepped in, saying absolutely no, not under any circumstances are you to own and use this lifesaving machine on humans. So the good doctor partnered up with a veterinarian who could legally use the machine. Currently in Toronto, people can have an MRI done on their pets immediately, and I suspect on themselves, if they pay the appropriate fee, as well as agreeing to keep their mouths shut. In this case, you not only get a medical diagnosis cheaper, but you get it in a time-effective manner.

Please do not dismiss potential savings until you have checked prices at offshore pharmacies or even priced child delivery at the hands of your local midwife as compared with delivery in the hospital.

"But, we will lose some people," you point out. Yes, we will, but with only a handful of exceptions, all humans have

been or will be terminal. If there is a doubt about what miracles can and cannot be performed in a medical context, reread Chapter 1. In most cases, self-reliant do-it-yourselfers can accomplish about as much as medical pros for your grandfather after he suffers a severe stroke.

For many, providing your own medical care will be a middle-ground strategy. Go to your local government-enforced health care monopolist. Find out what treatment and pharmaceuticals he feels are indicated. Either order these from overseas pharmacies, pick them up across the border, or use veterinary medical supplies. The cost will be from 30 to 70 percent less than when dealing with the monopolists.

This book is dedicated to the idea that reasonably intelligent, highly motivated people who invest time and energy studying a medical problem can usually handle most situations. Obviously, it is important to learn when do-it-yourselfers are dealing with a situation they cannot handle. More experienced people better learn when they are dealing with a situation beyond their skills, but for which treatment is still possible.

To think otherwise is the result of almost 100 years of selfish, monopolistic propaganda on the part of the medical cartel.

Increasingly, the United States is isolated in the world medical community. An old, philosophical druggist in Medan, Indonesia, where pharmacists often take the role that our medical doctors play in our culture, told me, "Americans are medically backward. You have perhaps only half of the good, new pharmaceuticals available to the rest of the world," he said. "And when you do have modern drugs, all of the layers of government overhead raise the price to ridiculous levels. I know; I was just in Los Angeles," he lectured.

He may have been totally correct, or he may have just had sore feet that day, which he decided to take out on Americans. However, the crusty old fart sold me 500 grams of fresh chloral hydrate, so I shut up and listened.

As with all of my books, I truly hope that the information contained herein is helpful. But, as usual, I wish to leave all of my faithful readers with one last admonition. Currently, you are

dropping far too frequently mostly to fire and shot. I personally hate losing even one of you.

What is written is *for informational purposes only*. Be cautious. Be safe. Only you can decide whether you are sufficiently informed to act on any or all of these data.

APPENDIX: DRUG LIST

NAME OF PRODUCT	USE
ampicillin [1, 2]	bacterial infections
aureomycin [1]	bacterial infections, especially gunshot or stab wounds
Bacitracin [2, 3]	antibacterial, topical skin infections
Betadine [1]	Antiseptic wash for wounds, breaks, burns
blood stopper [1, 4]	cauterizes and cleans wounds without sewing
Bupivacaine [2]	brand of injectable painkiller
calf scours pills [1]	antibiotic
Carbonyl [1, 4]	cleans and disinfects wounds, controls lice

NAME OF PRODUCT	USE
chloroform [1, 2, 4]	general anesthetic
clobetasol propionate [2, 4]	burns, rashes, surface wounds
clotrimazole [2, 3]	dermatological product sold in tropical countries
cocaine [5]	topical anesthetic
dimethyl sulfoxide [4]	a carrier for other medications that cannot be injected and as burn and arthritis therapy
Dristan [4]	antihistamine to prevent swelling
Drixoral [4]	antihistamine to prevent swelling
Ecrin [1, 4]	controls mites, mange, and fleas
electrolytic solutions [1, 4]	burns
epinephrine [1, 2, 3]	anaphylactic shock
honey [4]	powerful antibacterial-type wound dressing
ibuprofen [4]	anti-inflammatory
laetrile [2]	used as cancer treatment
lidocaine [1, 2]	injectable painkiller

NAME OF PRODUCT	USE
Lindane [1, 2, 4]	best product for body lice
malathion [1, 2, 4]	controls many types of insects
Marcaine [2]	brand of injectable painkiller
mastitis medication [1, 4]	burns, eye infections, wounds
meriofonate [3]	schistosomiasis
Narcan [2]	narcotic shock
Nolvasan/Chlorasan [1, 4]	vaginal infections
Nuprin [4]	anti-inflammatory
Nyquil [4]	antihistamine
opium (or its derivatives) [5]	painkiller
Pepto-Bismol [4]	stomach, diarrhea medication
permethrin [1, 4]	controls lyme-carrying fleas, ticks, and lice
penicillin [1, 4]	bacterial infections
pinkeye medication [1, 4]	wounds and burns
Piperazine [1, 4]	most internal parasites
Polysporin [4]	burn medication

NAME OF PRODUCT	USE
pyrethrins [1, 4]	surface parasites
Rosoxacin [2, 3]	one-shot (or two-pill) gonorrhea killer
Scarlex [1, 4]	wound dressing and ringworm, impetigo, rash treatment
Silvadene [1, 2, 4]	eye wounds and infections
Sodium Pentothal [1, 2, 4]	anesthetic
Solarcaine [4]	weak topical burn medication
streptomycin [1, 2, 4]	bacterial infections, tuberculosis
sulfadizine [1, 2, 4]	eye medication
Sulfamylon [1, 2, 4]	wounds, burns, eyes
Tagamet [4]	ulcers
tetanus toxoid [1, 4]	inoculation against tetanus
tetracycline [1, 4]	antibacterial
Thiacetazone [2, 3]	tuberculosis
Tylan [1, 3, 4]	powerful antibiotic
Tylenol 3 [2]	pain reliever
Tylenol 4 [2]	pain reliever

NAME OF PRODUCT	USE
Valium [1, 2, 4]	weak internal painkiller
Versed [2]	more powerful but easier to use painkiller
Xylocaine [2]	injectable pain medication
Zenkel [2]	contols parasites
zinc oxide [4]	topical skin ointment

NOTES

1. Veterinary product, available in animal health centers
2. Available through mail order or over the counter at foreign pharmacies
3. Not for sale in U.S.; available from foreign pharmacies
4. Available off the shelf in U.S.
5. Controlled substance in the U.S., but widely available illegally here or in other countries

In 1982 when Ragnar Benson wrote the *Survivalist's Medicine Chest*, he changed the way that people looked at do-it-yourself medicine. He opened their eyes to the wonderful world of veterinary medicines for treating people and foreign pharmacies for obtaining prescription drugs over the counter.

A lot has happened in the medical community since 1982. Much more effective drugs, especially in the areas of antibiotics and painkillers, are now available for both animals and people—but, ironically, often not in the United States, or at least not without a prescription. With this latest book, Ragnar brings do-it-yourself medicine into the 21st century. He describes how you can easily secure the very latest antibiotics, painkillers, anesthetics, and other drugs—as well as needles, IV kits, splints, and other equipment—from animal health centers, foreign pharmacies, military dispensaries, mail order supply houses, dentists, and other unconventional sources at a fraction of the cost. Next, he provides an up-to-the-minute medical reference guide that will provide detailed instructions for using these supplies to treat cuts, burns, gunshot wounds, fevers, broken bones, infections, and other common maladies. He also shows you effective countermeasures for getting around the impediments that the U.S. government and the medical community have established to keep these drugs and supplies out of your hands.

Most important, he outlines how you can assume responsibility for your own medical care, whether you want to avoid the medical bureaucracy altogether, have a ready store of medicine and know-how for medical emergencies, or simply monitor the level of medical care you are getting from the medical professionals. Ragnar's new and improved medicine chest is the practical, proven prescription for every family's health *and* wealth.

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